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Summary

UNDERWATER VERSUS CONVENTIONAL ENDOSCOPIC SUBMUCOSAL DISSECTION FOR COLORECTAL NEOPLASIA: A MULTICENTER, RANDOMISED CONTROLLED TRIAL

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Digestive Oncology | Endoscopy | Colorectal

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In the first multicentre randomised trial and first European comparison, underwater endoscopic submucosal dissection was non-inferior to conventional gas-assisted ESD for en bloc resection of colorectal neoplasms while offering significant procedural advantages.

KEY POINTS

- En bloc resection was achieved in 99.3% of lesions in both the underwater and gas-assisted groups (286 patients, 143 per arm), with an absolute risk difference of 0.0% (95% CI −3.2 to 3.2), confirming non-inferiority.
- R0 resection rates were similar between underwater and gas-assisted techniques (95.1% vs 95.8%).
- Underwater ESD resulted in shorter median procedural time (59.0 vs 70.0 min), faster dissection speed (27.0 vs 21.4 mm^2/min), and markedly reduced smoke interference (8.4% vs 48.3%).
- Intraprocedural bleeding was lower with underwater ESD (19.6% vs 35.0%), as was use of hemostatic forceps (44.8% vs 61.5%).
- Post-procedural adverse events including bleeding, perforation, and post-coagulation syndrome were comparable between groups, with no perforations observed in either arm.
- The trial was conducted across five Italian tertiary centres between December 2024 and December 2025, randomising 295 patients with superficial colorectal neoplasms.

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