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Summary

USEFULNESS AND SAFETY OF ENDOSCOPIC SUBMUCOSAL DISSECTION FOR LESIONS IN CLOSE PROXIMITY TO COLONIC DIVERTICULUM

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Colorectal

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Endoscopic submucosal dissection for colorectal lesions within 3mm of diverticula achieved 96.2% en-bloc resection in 26 cases using two strategic approaches based on lesion-diverticulum proximity.

KEY POINTS

- Strategy A was used for 17 lesions with sufficient space between lesion and diverticulum using conventional ESD technique, while Strategy B used pocket creation method for 9 lesions with insufficient space.
- Most lesions (88.4%) were located in the right colon with median size 33 mm; histology included 3 adenomas, 2 sessile serrated lesions, and 21 cancerous lesions.
- Strategy B showed no perforations compared to three perforations (two intraoperative, one delayed) in Strategy A, though two post-electrocoagulation syndrome cases occurred in Strategy B.
- R0 resection rates were 76.4% for Strategy A and 88.9% for Strategy B, with no recurrence during median 24-month follow-up.
- The authors concluded D-ESD may be a useful treatment option for lesions near diverticula, particularly Strategy B for high-risk cases.

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