

EFFICACY AND SAFETY OF ENDOSCOPIC SUBMUCOSAL DISSECTION USING A SCISSOR-TYPE KNIFE AND TRACTION DEVICE FOR EARLY COLORECTAL NEOPLASMS

Hiroataka Kouno

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Poster

Colorectal

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A retrospective study of 619 colorectal lesions found that adding a traction device to scissor-type knife ESD significantly increased resection speed without compromising safety or efficacy.

KEY POINTS

- Resection speed was significantly faster with traction device versus without (22.9 ± 11.9 vs 13.2 ± 10.4 mm²/min, $p < 0.01$), while en-bloc resection rate (97.7% vs 99.0%, $p = 0.26$) and complete resection rate (95.3% vs 97.0%, $p = 0.51$) were comparable.
- No perforations or delayed hemorrhage occurred in the traction device group (0/86) compared to 2 perforations (0.4%) and 10 delayed hemorrhages (1.9%) in the non-traction group, though differences were not statistically significant.
- Mean procedure time trended shorter with traction device (73.2 ± 66.0 vs 86.4 ± 67.6 min, $p = 0.09$) despite similar tumor sizes (37.2 ± 20.9 vs 33.4 ± 16.9 mm, $p = 0.11$).
- The authors conclude that ESD using scissor-type knives is safe and efficient with or without traction, and that traction devices may overcome the inherent slower resection speed of scissor-type knives.

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