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Summary

UNDERWATER VERSUS CONVENTIONAL COLD SNARE POLYPECTOMY FOR SMALL NON-AMPULLARY DUODENAL EPITHELIAL TUMORS: A PROSPECTIVE COMPARATIVE STUDY OF HISTOPATHOLOGICAL RESECTION DEPTH

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Oesophagus | Histopathology | Endoscopy | Digestive Oncology

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Underwater cold snare polypectomy achieved significantly deeper histopathological resection than conventional cold snare polypectomy for small duodenal epithelial tumors ≤10 mm, with a median muscularis mucosa proportion of 36.6% vs 8.6% (P < 0.001), while maintaining a favorable safety profile with no adverse events.

KEY POINTS

- The primary endpoint showed UCSP achieved a median proportion of muscularis mucosa in resected specimens of 36.6% versus 8.6% with CSP (P < 0.001), with IPTW-adjusted average treatment effect of 21.93% (95% CI 12.75–31.10, P < 0.001).
- R0 resection rate was significantly higher with UCSP at 89.3% versus 61.1% with CSP (P = 0.033), primarily due to improved horizontal margin status, with IPTW-adjusted average treatment effect of 0.43 (95% CI 0.21–0.65, P < 0.001).
- No adverse events or recurrences at 3 months were observed in either group despite deeper resection with UCSP.
- UCSP achieved 100% submucosal tissue acquisition versus 50% with CSP (P < 0.001) and greater median submucosal thickness (0.37 mm vs 0.06 mm, P < 0.001).
- Study limitations include single-center design, limited sample size (28 UCSP vs 18 CSP lesions), historical control group, and differing follow-up protocols.
- The presenter stated that UCSP may represent an alternative treatment option for small duodenal adenomas, and emphasized in Q&A that resection depth does not approach muscularis propria.

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