

COMPARISON OF RESECTION DEPTH BETWEEN ESD AND EMR OF GASTRIC NEOPLASMS IN A TERTIARY CARE PROGRAM IN THE WESTERN WORLD

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Poster

Oesophagus

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A retrospective Western study of 20 patients found that endoscopic submucosal dissection achieved significantly greater maximum resection depth than endoscopic mucosal resection for gastric neoplastic lesions (4.53 mm versus 2.33 mm, $p=0.0049$).

KEY POINTS

- ESD achieved a higher en bloc resection rate (85.7%) compared to EMR (69.2%) in gastric lesion resection
- Mean maximum resection depth was 4.53 mm for ESD and 2.33 mm for EMR with statistical significance ($p=0.0049$), though average resection depth difference was not statistically significant ($p=0.132$)
- ESD was used for significantly larger lesions (mean 41.86 mm) compared to EMR (mean 16.89 mm, $p=0.0031$), and a higher proportion of ESD specimens were malignant (42.8% versus 15.3%)
- The study analyzed gastric EMR and ESD specimens from 20 patients over 5 years, measuring depth from muscular mucosa to inked resection margin by histological assessment

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