

IMPORTANT POINTS OF D-LECS (LAPAROSCOPIC AND ENDOSCOPIC COOPERATIVE SURGERY FOR DUODENAL NEOPLASM) WITH ESD

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Poster

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A retrospective case series of four D-LECS with ESD procedures for duodenal lesions identifies key technical challenges including stenosis, perforation, hypoperistalsis, and the need for careful preoperative planning.

KEY POINTS

- The study extracted 4 cases of D-LECS with ESD from 16 total D-LECS cases performed for duodenal lesions between 2001 and 2022, excluding FAP cases.
- Case complications included post-procedure stenosis requiring endoscopic dilation, intraoperative perforation managed with OTSC and PGA sheet suturing, and delayed hypoperistalsis with passage obstruction 10 days post-operatively.
- Technical modifications across cases included use of Dual Knife J 1.5, S-O clip traction to reduce muscle layer pressure, RDI function for hemostasis, and PCF scope for difficult anatomy.
- The authors note that insufficient preoperative discussion occurred in multiple cases and conclude that strategic planning is necessary before D-LECS treatment despite health insurance coverage.

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