

RISK STRATIFICATION AND STEROID EFFICACY IN ESOPHAGEAL STRICTURE PREVENTION AFTER ESD: A MULTICENTER STUDY

Jinlin Yang

UEG Week Berlin 2025

Poster

Oesophagus

October 5, 2025

A multicenter retrospective study developed and validated a risk stratification model for predicting esophageal stricture after non-circumferential endoscopic submucosal dissection in 2009 Chinese patients with early esophageal squamous cell carcinoma.

KEY POINTS

- The validated risk model (score 0–8) stratified patients into low-risk (0–2 points, 1.7% stricture), intermediate-risk (3–5 points, 25% stricture), and high-risk (6–8 points, 80% stricture) groups with excellent discrimination (AUC 0.864, 95% CI 0.814–0.914).
- Four independent risk factors were identified for non-circumferential ESD stricture: wound circumferential extent $\geq 3/4$ (OR 15.708), cervical location (OR 13.750), upper thoracic location (OR 2.479), intraoperative titanium clip use (OR 2.705), and non-R0 resection (OR 2.103).
- Among 155 circumferential ESD cases, steroid intervention reduced stricture rate from 100% to 70.2% ($P=0.017$) and required fewer dilation sessions ($P=0.031$), but oral steroids alone versus combined oral and local injection showed no significant difference in efficacy ($P=0.908$).
- Overall stricture rate was 12.9% in the full cohort and 72.9% in circumferential ESD cases, with data from four tertiary hospitals in Sichuan Province collected between 2014 and 2022.
- This study is relevant for gastroenterologists performing ESD for early esophageal cancer who seek to personalize stricture prevention strategies based on patient-specific risk factors.

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