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Summary

ENDOSCOPIC PAPILLECTOMY FOR THE SUBMUCOSAL LESIONS OF THE MAJOR DUODENAL PAPILLA

Kazuhiko Nakao

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A case series of seven patients treated with endoscopic papillectomy for submucosal lesions of the duodenal papilla suggests this approach may be safe and effective for selected small lesions.

KEY POINTS

- Seven patients underwent endoscopic papillectomy for submucosal lesions: five with submucosal tumors (four NET-G1, one paraganglioma) and two with papillary bile duct cysts causing recurrent pancreatitis, selected from 130 endoscopic papillectomy cases between 2000 and 2019.
- All patients had lesions 1 cm or less (median 11 mm, range 9-30 mm) with no muscularis propria invasion, ductal progression, or lymph node metastasis confirmed by endoscopic ultrasonography and intraductal ultrasound before resection.
- Complete or near-complete resection was achieved in all cases, with no metastasis, recurrence, or serious complications observed over a median follow-up of 1251 days (range 54-2385 days).
- The authors suggest endoscopic papillectomy may offer a less invasive alternative to pancreaticoduodenectomy for appropriately selected duodenal neuroendocrine tumors and may relieve symptoms in papillary bile duct cysts, though further studies are needed.

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