

UNDERWATER EMR VERSUS CONVENTIONAL EMR FOR NONAMPULLARY DUODENAL ADENOMAS

Margarida Marques

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Poster

Oesophagus

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Retrospective case-control study comparing underwater EMR versus conventional EMR for superficial nonampullary duodenal epithelial tumours found similar efficacy and safety between the two techniques.

KEY POINTS

- In 40 duodenal adenomas (31 patients), residual/recurrent adenoma rate was numerically lower with underwater EMR compared to conventional EMR (10% vs. 30%, $p=0.22$), though not statistically significant.
- Technical success and en bloc resection rates were similar between underwater EMR and conventional EMR (100% vs. 90.9% and 44.4% vs. 54.2%, respectively).
- Post-EMR defects were more commonly closed in the underwater EMR group (83.3% vs. 45.5%, $p<0.05$).
- Peri-procedural bleeding rates were similar (11.1% underwater EMR vs. 13.6% conventional EMR), with no delayed complications in the underwater EMR group versus two delayed bleeding cases with conventional EMR.
- This Western tertiary center experience suggests underwater EMR is a feasible option for managing superficial nonampullary duodenal epithelial tumours, an area where the technique has not been comprehensively assessed.

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