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Summary

RETROSPECTIVE MULTICENTER ANALYSIS OF TOPOGRAPHICAL EFFICACY AND SAFETY OF ENDOSCOPIC FULL THICKNESS RESECTION IN THE SEGMENTS OF THE COLON – INSIGHTS FROM CLINICAL PRACTICE

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Colorectal

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A retrospective multicenter study of 105 patients found that endoscopic full thickness resection (EFTR) efficacy and safety in the colon vary by segment, with rectum showing the best outcomes and transverse colon the poorest.

KEY POINTS

- EFTR achieved technical success in 96.2% of cases with an overall histologically complete (R0) resection rate of 77.1%, but rates varied by segment from 90% in rectum to 62.5% in transverse colon.
- Rectum had the highest R0 resection rate (90%) and lowest adverse event rate (1.4%), followed by cecum (83.3% R0 rate), while transverse colon had the lowest R0 rate (62.5%) and highest adverse event rate (12.5%).
- Overall adverse events occurred in 31.4% of patients but were predominantly minor (abdominal pain 18.1%, hematochezia 9.5%, hemoglobin decline 7.6%), with only one perforation (0.95%) in the entire cohort.
- The authors conclude that transverse colon presents the greatest technical challenge for EFTR and recommend selecting the most experienced operator for lesions in this location.

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