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Summary

GEL-IMMERSION ENDOSCOPIC SUBMUCOSAL DISSECTION FOR SUPERFICIAL COLORECTAL NEOPLASMS: RETROSPECTIVE STUDY COMPARING CONVENTIONAL ENDOSCOPIC SUBMUCOSAL DISSECTION

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Colorectal

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A retrospective cohort study of 260 colorectal ESD procedures found that gel-immersion ESD achieved comparable resection rates and safety outcomes to conventional ESD, despite being used for larger and more difficult lesions.

KEY POINTS

- Among 260 colorectal ESD procedures (29 gel-immersion, 231 conventional), gel-immersion cases involved significantly larger tumors (25mm vs 18mm, p=0.001) and higher rates of difficult ESD factors (24.1% vs 9.5%, p<0.05)
- Gel was used to lift gravity-side lesions via buoyancy (48.3% of cases), secure visual field behind folds or at flexures (31%), and enable parallel dissection for perpendicular lesions (20.7%)
- En bloc resection rates (100% vs 99.1%) and pathologic complete resection rates (96.6% vs 88.7%, p=0.33) did not differ significantly between gel-immersion and conventional ESD
- Procedure time was longer for gel-immersion ESD (50min vs 32min, p<0.001), but dissection speed was equivalent (14mm2/min vs 16.1mm2/min, p=0.45), and adverse event rates including perforation and hemorrhage showed no significant differences
- The authors conclude gel-immersion ESD may be an alternative approach for gravity-side lesions and those difficult to approach under CO2 insufflation

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