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Summary

# THE PREDICTIVE FACTORS OF EACH GRADE OF FIBROSIS IN COLORECTAL ESD

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Colorectal

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**A retrospective study of 953 colorectal ESD lesions identified preoperative predictive factors for mild and severe fibrosis, with severe fibrosis associated with significantly lower curative resection rates despite comparable safety outcomes.**

## KEY POINTS

- Among 953 colorectal ESD lesions larger than 20 mm, fibrosis was observed in 20.1% of cases, classified as mild (F1) in 143 lesions and severe (F2) in 49 lesions.
- Curative resection rates were 98.4% for no fibrosis (F0), 91.6% for mild fibrosis (F1), and 59.2% for severe fibrosis (F2), with F2 significantly inferior.
- Severe fibrosis (F2) was associated with significantly longer treatment times (46.9% required ≥120 minutes versus 1.7% in F0) and slower dissection speed (15.3±10.6 $mm^2$/min versus 25.9±14.5 $mm^2$/min in F0).
- Multivariate analysis identified cecum location and NGPD as specific predictors of mild fibrosis, while protruded morphology was a specific predictor of severe fibrosis; shared predictors included straddling folds, lesion diameter ≥50 mm, and prior biopsy.
- Bleeding (1.8%) and perforation (0.3%) rates were low and similar across all fibrosis groups, leading the authors to conclude that colorectal ESD for fibrotic lesions was safe.

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