

A MULTICENTER RETROSPECTIVE STUDY OF INFLUENTIAL FACTORS ON STENOSIS AFTER MODERATE RESECTION OF CIRCUMFERENCE IN ESOPHAGEAL ENDOSCOPIC SUBMUCOSAL DISSECTION

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In esophageal ESD with 50-75% circumferential mucosal defect, postoperative stenosis occurred in 5% of 513 patients across 19 Japanese institutions, with prior endoscopic treatment near the lesion, cervical location, larger defect circumference, and longer procedure duration identified as independent risk factors.

KEY POINTS

- Multivariate analysis identified four independent risk factors for stenosis: prior endoscopic treatment close to the lesion (OR 5.10, $p=0.01$), cervical esophageal location (OR 3.97, $p=0.03$), large circumferential defect (OR 3.78, $p<0.01$), and longer procedure duration (OR 3.83, $p<0.01$).
- Steroid therapy was used in 43% of patients (223/513), with stenosis rates of 7% in the steroid group versus 4% in the no-steroid group, a difference that was not statistically significant.
- Among steroid-treated patients, prior endoscopic treatment near the lesion, cervical location, and defect circumference greater than 5/8 remained significantly associated with stenosis.
- No significant difference in adverse events was observed between steroid and no-steroid groups.
- The authors conclude that steroid therapy should be preferred in cases with the identified risk factors, and lesions with endoscopic treatment history, cervical location, and defect circumference greater than 5/8 may require more aggressive countermeasures than currently applied.

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