OUTCOMES OF PROPHYLACTIC CLOSURE FOR COLONIC ENDOSCOPIC SUBMUCOSAL DISSECTION: AN INTERNATIONAL, MULTICENTER STUDY

Mohamed Othman

UEG Week Berlin 2025 | Poster

Colorectal

October 6, 2025

A multicenter retrospective study of 271 patients found that prophylactic closure after colonic endoscopic submucosal dissection did not reduce delayed adverse events but was associated with shorter hospitalization duration despite longer procedure time.

KEY POINTS

- Delayed adverse events occurred in 3.2% of the closure group versus 1.2% of the non-closure group with no significant difference (P=0.678)
- Prophylactic closure was associated with reduced hospitalization duration (median 1 versus 4 days, P<0.001) but increased procedure time (median 62 versus 37 minutes, P<0.001)
- Among closure methods, the CLiPS technique had the shortest procedure time while X-tack could close significantly larger defects (mean 59.6 mm versus 34-40 mm for other methods, P<0.001)
- The study included 190 patients receiving prophylactic closure and 81 without closure, with comparable baseline characteristics including anticoagulant use and intraprocedural complication rates
- This work may inform endoscopists performing colonic ESD regarding trade-offs between closure methods and hospitalization versus procedure duration

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/59de1838-a814-11f0-8e74-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.