FEASIBILITY AND SAFETY OF ENDOSCOPIC SUBMUCOSAL DISSECTION IN INFLAMMATORY BOWEL DISEASE (ESDEUR-IBD): AN INTERIM ANALYSIS OF EUROPEAN RETROSPECTIVE STUDY

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Endoscopic submucosal dissection for dysplastic lesions in inflammatory bowel disease achieved 97% en-bloc resection and avoided colectomy in 90% of patients across 22 centres.

KEY POINTS

- In 60 IBD patients (47 ulcerative colitis, 11 Crohn's disease, 2 IBD-unclassified), ESD achieved en-bloc resection in 97% and R0 resection in 83%, with only 5 patients (8.3%) requiring colectomy due to ESD failure within 6 months.
- Complications occurred in 28% of patients, including perforation in 15%, bleeding in 5%, and post-polypectomy syndrome in 6.7%, but all complications resolved with no sequelae and no deaths occurred.
- Among 42 patients with surveillance colonoscopy (median follow-up 1.5 years), local recurrence occurred in 4.7%, while new dysplastic lesions were detected in 26% and all were removed endoscopically.
- IBD relapse occurred in 8 patients during follow-up with an incidence rate of 7% person-year, and the study authors recommend ongoing surveillance colonoscopy given the risk of new dysplastic lesions.
- This multicentre retrospective study provides data on ESD as an alternative to colectomy for selected IBD patients with dysplastic lesions at referral centres.

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