

# Endoscopic submucosal dissection for superficial gastrointestinal lesions: European Society of Gastrointestinal Endoscopy (ESGE) Guideline – Update 2022

Pedro Pimentel-Nunes

**Standards and Guidelines**

**Endoscopy**

May 6, 2022

**ESGE recommends endoscopic submucosal dissection as the treatment of choice for most superficial esophageal squamous cell and gastric lesions, with specific indications for Barrett's esophagus and colorectal lesions, and provides risk stratification criteria to guide post-resection management.**

## KEY POINTS

- ESD is recommended for most superficial esophageal squamous cell and gastric lesions, for Barrett's esophagus lesions suspicious of submucosal invasion (Paris type 0-Is, 0-IIc), malignant lesions greater than 20 mm, and lesions in scarred or fibrotic areas, and for select colorectal lesions with suspicion of limited submucosal invasion or not amenable to snare techniques
- Evaluation of superficial GI lesions should be performed by an experienced endoscopist using high definition white-light and chromoendoscopy, while routine EUS, CT, MRI, or PET-CT prior to endoscopic resection is not recommended
- En bloc R0 resection with intramucosal cancer (no more than m2 for esophageal squamous cell carcinoma), well to moderately differentiated, without lymphovascular invasion or ulceration is considered very low risk (curative) and requires no further staging or treatment
- High risk (noncurative) resection features include lymphovascular invasion, deeper than sm1 infiltration, positive vertical margins, undifferentiated tumor, or budding grade 2 or 3 for colorectal lesions, requiring complete staging and multidisciplinary discussion for additional treatment
- After curative ESD, scheduled endoscopic surveillance with high definition white-light and chromoendoscopy with biopsies of only suspicious areas is recommended

---

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/9e3f0256-b444-11ed-b2ce-0242ac130003>



**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.