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Summary

ENDOSCOPIC RESECTION OF GIANT ESOPHAGEAL SUBEPITHELIAL LESIONS: EXPERIENCE OF A LARGE SINGLE CENTER

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Oesophagus

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A retrospective study of 75 patients with esophageal giant subepithelial lesions treated by endoscopic resection achieved a 93.3% en bloc resection rate and developed a validated nomogram to predict procedural difficulty.

KEY POINTS

- En bloc resection was achieved in 93.3% of cases, with no recurrence or metastasis observed during follow-up.
- Intraoperative adverse events occurred in 9.3% of patients and postoperative adverse events in 17.3%, all requiring invasive interventions including management of pneumothorax, hydrothorax, leaks, fistulas, and mucosal laceration.
- Younger age, tumor diameter 8 cm or larger, irregular shape, and extraluminal growth pattern were independent risk factors for a difficult procedure, while submucosal tunneling endoscopic resection (STER) was associated with lower difficulty.
- A nomogram model using these factors predicted procedural difficulty with area under the curve of 0.858 in the training set and 0.827 in the validation set.
- The authors conclude endoscopic resection may be a promising therapeutic option for esophageal giant subepithelial lesions; the material would be most relevant to interventional endoscopists managing large esophageal lesions.

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