gutflix
GI learning, personalised

Summary

ENDOSCOPY AS AN 'ORGAN-PRESERVING' STRATEGY: THE ITALIAN EXPERIENCE IN ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD) OF ILEOCECAL VALVE LESIONS

Roberta Maselli

UEG Week Barcelona 2026 | Presentation

Digestive Oncology | Endoscopy | Colorectal

October 18, 2026

Endoscopic submucosal dissection for ileocecal valve neoplasia achieved 94.4% en bloc resection, 87.4% R0 resection, and 4.9% surgery rate in a multicenter Italian study of 143 patients.

KEY POINTS

- En bloc resection was achieved in 94.4% of cases, R0 resection in 87.4%, and curative resection in 86.7% of patients treated for superficial neoplastic lesions of the ileocecal valve.
- Adverse events were infrequent, with intraprocedural perforation in 2.8%, post-procedural bleeding in 2.8% (all managed endoscopically), and delayed perforation in 2.1%.
- Local recurrence occurred in 8.1% of patients, and overall need for surgery was 4.9%, with surgery-free survival of 95.3% at 6 months and 93.4% at 12 months.
- Hybrid ESD as rescue therapy was significantly associated with increased risk of non-R0 resection (OR 9.88, p <0.001) and noncurative resection (OR 11.95, p <0.001).
- The study enrolled 143 consecutive patients with median lesion size 34mm, half involving the terminal ileum, with most lesions proving benign on histology.
- The presenter positioned ESD as an organ-preserving strategy for these anatomically complex lesions, though Q&A discussion raised that piecemeal EMR remains a guideline-supported alternative before surgery.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/23c8d722-d12d-11f1-87b3-daaa6dbee0a2

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.