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Summary

EXPLORING THE RISK AND PREDICTORS OF POST-RESECTIONAL STRICTURE FOLLOWING CIRCUMFERENTIAL ENDOSCOPIC SUBMUCOSAL DISSECTION FOR COLORECTAL LESIONS: A MULTICENTER STUDY

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UEG Week Berlin 2025 | Presentation

Colorectal | Digestive Oncology | Endoscopy

October 6, 2025

Circumferential colorectal ESD for lesions involving ≥90% of the luminal circumference achieved high technical success (99.7%) and curative resection (80.3%) but resulted in post-resection stricture in 33.9% of cases, with 100% circumferential involvement (OR 3.38) and longer lesion axis (OR 1.01) independently predicting stricture development.

KEY POINTS

- In 271 patients assessed for stricture after ESD, 33.9% developed stricture, predominantly in the rectum (38.2% of rectal lesions) versus colon (11.6% of colonic lesions, p<0.001), with most strictures (91.3%) symptomatic at a median of 31 days.
- All strictures were successfully managed endoscopically, primarily with balloon dilation (62.1%), bougie dilation (26.4%), or other methods including incisional therapy (4.6%).
- R0 resection was achieved in 81.7% of cases with oncological curative resection in 80.3%, while 9.7% of patients required surgery for delayed perforation or invasive adenocarcinoma.
- At multivariate analysis, 100% circumferential involvement (OR 3.38, 95% CI 1.77-6.08) and higher lesion long-axis (OR 1.01, 95% CI 1.01-1.20) were independent risk factors for rectal stricture.
- The presenter recommends leaving a small island of normal mucosa within the resection when possible, especially for long-axis lesions, as a strategy to prevent stricture development.

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