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Summary

SALVAGE SURGERY AFTER NON-CURATIVE GASTRIC ENDOSCOPIC SUBMUCOSAL DISSECTION - CASE REVIEW AND EVALUATION OF PREDICTORS OF DISEASE PERSISTENCE

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A retrospective analysis of 20 patients with non-curative gastric ESD found that two-thirds of those who underwent surgical resection had no residual neoplasia, and existing predictors did not distinguish those with persistent disease.

KEY POINTS

- Of 203 patients undergoing ESD for upper digestive tract lesions, 20 had non-curative resection of gastric neoplasms (median age 70 years, 65% female).
- Reasons for non-curative resection included R1 margins in 5 cases, submucosal invasion greater than 500µm in 9 cases, lymphatic invasion in 9 cases, and vascular invasion in 4 cases.
- Fifteen patients (75%) underwent surgical resection, predominantly partial gastrectomy, with pathological evaluation revealing no residual neoplasia in 10 of these cases (two-thirds).
- Clinical characteristics, histological data, and eCura scores did not statistically differ between patients with and without residual neoplasia in surgical specimens ($p>0.05$).
- The authors conclude that better predictors are needed to identify clinically significant non-curative resection where disease persistence is more likely.

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