gutflix
GI learning, personalised

Summary

FACTORS AFFECTING SWITCH TO HYBRID ESD DURING ENDOSCOPIC SUBMUCOSAL DISSECTION OF COLORECTAL SUPERFICIAL LESIONS, A RETROSPECTIVE SINGLE-CENTRE STUDY

Romano Sassatelli

UEG Week Copenhagen 2023 | Poster

Colorectal

October 15, 2023

In a retrospective single-center study of 281 colorectal ESDs, waterjet-assisted knife and underwater technique reduced the need to switch to hybrid ESD, while severe submucosal fibrosis and proximal colon location increased the risk of requiring hybrid ESD as rescue therapy.

KEY POINTS

- Among 281 colorectal ESDs for superficial neoplasms performed between 2014 and 2023, 19.6% required switching to hybrid ESD (partial dissection followed by snare resection) as rescue therapy, with en bloc and complete resection achieved in 92% and 86% of cases respectively.
- On multivariate analysis, use of waterjet system-assisted knife (OR 0.43) and underwater ESD technique (OR 0.16) significantly reduced the need to switch to hybrid ESD.
- Severe submucosal fibrosis (OR 4.66) and proximal colon localization (OR 3.05) were independent risk factors significantly associated with requiring a switch to hybrid ESD.
- This retrospective analysis excluded inflammatory bowel disease lesions and examined lesions with mean diameter 35.9 mm, 60.8% located in the colon and 39.1% in the rectum.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/48e29c7e-743c-11ee-a8aa-0242ac140004

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.