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Summary

OESOPHAGEAL SQUAMOUS HIGH-GRADE DYSPLASIA/ CARCINOMA-IN-SITU (TIS) IS NOT ALWAYS IN SITU: TIME TO THINK DEEPER

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Oesophagus

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A single-centre retrospective study of 47 patients found that pre-resection biopsies showing high-grade dysplasia or carcinoma in situ failed to identify invasive disease in 57% of early oesophageal squamous neoplasia cases, with male gender and circumferential involvement significantly predicting upstaging.

KEY POINTS

- Of 47 patients with biopsy-diagnosed squamous high-grade dysplasia or carcinoma in situ who underwent endoscopic resection, 27 (57.4%) were upstaged to invasive carcinoma on final histology.
- Circumferential involvement of more than 50% of the oesophageal lumen was significantly associated with invasive disease (OR 5.53, p=0.019), as was male gender (OR 4.2, p=0.04).
- Lesion location, Paris classification, lesion size, patient age, and smoking status showed no significant association with invasive pathology.
- The authors conclude that endoscopic biopsies perform poorly at identifying invasive disease and suggest that en-bloc resection with endoscopic submucosal dissection should be considered for such lesions, particularly when circumferential involvement is present.

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