OUTCOME AND PROGNOSIS OF T1B ESOPHAGOGASTRIC JUNCTIONAL ADENOCARCINOMA TREATED BY ENDOSCOPIC SUBMUCOSAL DISSECTION

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Retrospective study of 50 T1b esophagogastric junctional adenocarcinomas treated by endoscopic submucosal dissection found 100% en bloc resection, 0% local recurrence, with lymph node metastasis and distant metastasis observed only in lymphovascular-positive T1bSM1 or T1bSM2 cases.

KEY POINTS

- En bloc resection was achieved in all 50 lesions (30 T1bSM1, 20 T1bSM2), with R0 resection in 100% of T1bSM1 and 95% of T1bSM2 cases over a median follow-up of 53 to 64 months.
- In T1bSM1 lymphovascular-negative cases (n=29), no lymph node metastasis or distant metastasis occurred; the single lymph duct-positive case had lymph node metastasis detected after additional surgery.
- In T1bSM2 cases, lymph node metastasis occurred in 5% (1/20) and distant metastasis in 5% (1/20), both in patients who did not undergo additional treatment after ESD; local recurrence was 0% overall.
- Procedure-related complications included intraoperative perforation in 2%, delayed bleeding in 2%, and stenosis in 10%, all managed endoscopically without surgery.
- This material may be relevant to gastroenterologists considering endoscopic submucosal dissection for T1b esophagogastric junctional adenocarcinoma in patients with comorbidities.

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