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Summary

ENDOSCOPIC SUBMUCOSAL DISSECTION IN SCARRED COLO-RECTAL LESIONS: A RETROSPECTIVE MULTICENTRIC STUDY WITH LONG-TERM FOLLOW-UP

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Colorectal

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In a retrospective cohort of 180 patients with scarred colorectal lesions, endoscopic submucosal dissection (ESD) achieved 62.2% technical success with 96.4% overall en-bloc resection, while hybrid ESD (H-ESD) served as rescue therapy in 37.8% of cases.

KEY POINTS

- Technical success with completion of ESD was 62.2% (112/180 patients), with conversion to H-ESD needed in 37.8% of cases, most commonly due to severe fibrosis (38/68), difficult access (17/68), or perforation (4/68).
- Overall en-bloc resection rate was 96.4%, with complete resection achieved in 60.6% and curative resection in 92.3% of cases; no significant difference in CR or cR rates was found between ESD and H-ESD (p=0.725 and p=0.787).
- Predictive factors of technical failure included fibrosis due to previous treatment (OR 3.08, p=0.0243), high grade of fibrosis (OR 2.30, p=0.0021), and right colon location (OR 1.96, p=0.000003).
- Adverse events occurred in 13.3% of patients, mostly perforations (7%) in the completed ESD group, all managed endoscopically; recurrence occurred in 7% during mean 374-day follow-up.
- This material is relevant for gastroenterologists managing scarred colorectal lesions and considering ESD versus H-ESD approaches.

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