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Summary

EFFECT OF DOUBLE-LAYERED SUTURING FOR MUCOSAL DEFECTS CLOSURE AFTER COLORECTAL ENDOSCOPIC SUBMUCOSAL DISSECTION : A PROPENSITY SCORE MATCHING ANALYSIS

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Colorectal

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Prophylactic closure of mucosal defects after colorectal endoscopic submucosal dissection using a double-layered suturing technique significantly reduced postoperative adverse events in a retrospective propensity-matched study of 370 lesions.

KEY POINTS

- The closure group had a significantly lower overall incidence of postoperative adverse events including delayed bleeding, delayed perforation, and post-ESD electrocoagulation syndrome compared with the non-closure group (2.2% versus 9.6%, p equals 0.018).
- The closure group had a significantly lower incidence of abdominal pain on the day after ESD than the non-closure group (2.9% versus 11.0%, p equals 0.015).
- The double-layered suturing technique with conventional hemostatic clips involves first grasping the muscle layer directly with clips and tenting it inward, then closing the mucosal layer.
- The study included 370 lesions in 317 patients who underwent colorectal ESD, with propensity score matching performed to compare 136 lesions in the complete closure group versus 136 lesions in the non-closure group (which included partially closed and unclosed defects).
- No significant differences were observed between groups in laboratory inflammatory markers, fever, or length of hospital stay.

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