

LONG-TERM PROGNOSIS AFTER ENDOSCOPIC SUBMUCOSAL DISSECTION IN PATIENTS WITH ESOPHAGEAL SQUAMOUS CELL CARCINOMA WITH MULTIPLE LUGOL-VOIDING LESIONS

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Poster

Oesophagus

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Retrospective study of 140 patients with multiple Lugol-voiding lesions after esophageal ESD found high rates of metachronous ESCC and PLSCC over median 8.8-year follow-up, with most lesions successfully managed endoscopically but notable mortality from other causes.

KEY POINTS

- 60.7% of patients developed metachronous ESCC and 25% developed metachronous PLSCC during follow-up, with 10-year cumulative incidence of 67.1% and 35.4% respectively
- 95.3% of metachronous ESCC cases and 85.7% of metachronous PLSCC cases were successfully managed with endoscopic resection or surgery alone
- Cumulative incidence of major ESCC or PLSCC requiring treatment beyond endoscopic resection remained low at 2.8% and 1.5% at 10 years
- 21.4% of patients died during follow-up from various causes including recurrent PLSCC, aspiration pneumonia, other malignancies, with 10-year overall survival of 79.5%
- Study population included patients with curative ESD for primary ESCC conducted at single institution from 2008-2016 with endoscopic surveillance every 6-12 months

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