ESGE Live Endoscopy I (Complete Session)

UEG Week Vienna 2024 | Presentation

Endoscopy | Nurses

October 15, 2024

Live endoscopy session demonstrated four advanced therapeutic techniques for gastrointestinal lesions: AI-assisted Barrett's neoplasia resection, EUS-guided gastroenterostomy, cryoballoon ablation for Barrett's dysplasia, and endoscopic intermuscular dissection for deep rectal cancer.

KEY POINTS

- The speaker demonstrated multiband mucosectomy for Barrett's neoplasia using an AI detection tool that identified subtle lesions on white light images, with the system expected to become commercially available via cloud-based platform in the next year.
- EUS-guided gastroenterostomy was performed using a new Fujifilm 740 UT scope with 4mm working channel and a 20mm Axios stent, deployed stepwise for palliation of malignant gastric outlet obstruction in a patient sedated but not intubated.
- A new 180-degree cryoballoon catheter was shown for Barrett's ablation, automatically moving over 3cm length at 1.2mm per second to freeze tissue to minus 85 degrees Celsius, with the speaker stating this facilitates faster treatment than previous focal catheters.
- The speaker stated EUS is not indicated for early Barrett's neoplasia workup if the lesion appears endoscopically resectable, as guidelines indicate EUS has no place in these cases and may withhold curative treatment.
- Endoscopic intermuscular dissection for a deep submucosal rectal cancer involved intentional circular muscle incision 1 to 2 centimeters outside the invasive area to guarantee R0 resection, with the speaker stating this technique outperforms endoscopic full-thickness resection for mid to lower rectal lesions.
- The speaker recommended water immersion coagulation for perforating vessels during intermuscular dissection rather than grasping, and stated longitudinal muscle perforations can be left open in the rectum similar to POEM and TAMIS approaches.

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