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Summary

# ESGE Live Endoscopy III (Complete Session)

UEG Week Vienna 2024 | Presentation

Endoscopy | Nurses

October 15, 2024

**Live endoscopy teaching session demonstrated advanced techniques including Zenker's diverticulum Z-POEM, cholangioscopy with next-generation biopsy tools for indeterminate biliary strictures, endoscopic full-thickness resection for T1 colon cancer, and vacuum stent therapy for post-surgical anastomotic leak.**

KEY POINTS

- Z-POEM for Zenker's diverticulum was performed on a 73-year-old with a three-centimetre asymmetric diverticulum; the speaker stated that starting the incision on the anchor bar itself is now easier than the lateral approach, with myotomy extending one centimetre beyond the septum and closure using 11mm clips.
- The speaker stated that randomised trials comparing Z-POEM to flexible septostomy for two to five centimetre Zenker's are awaited, and noted that training requires prior experience with ESD or POEM and the ability to manage bleeding complications.
- Cholangioscopy using a new 3.9mm diameter scope with 2.0mm working channel allowed 1.6mm biopsies in a 62-year-old with hilar stricture and uncertain malignant cytology; the speaker reported that cholangioscopy with biopsies improves diagnostic yield by 27 percent over brushings according to recent meta-analysis, though ASGE 2023 guidelines give low-quality evidence for upfront use.
- Endoscopic full-thickness resection was demonstrated for a two-centimetre T1 colon adenocarcinoma; the speaker stated that Dutch registry data on 560 T1 cancers showed 88 percent R0 resection for deep submucosal lesions and that 40 percent of deep submucosal cancers have no additional risk factors, with no recurrences at three years in this group.
- Vacuum stent therapy for post-oesophagectomy anastomotic leak used a seven-centimetre fully covered nitinol stent with five-centimetre sponge; the speaker stated it is deployed under direct vision, left for one week, seals the defect without migration, allows oral intake, and is now used even for small leaks to prevent mediastinitis.

– The speaker noted that endoscopic intermuscular dissection is only feasible in the rectum because the intramuscular space disappears in the colon, and that underwater technique is not helpful for full-thickness resection.

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