EFFICACY OF ENDOSCOPIC CLOSURE FOR DELAYED PERFORATION FOLLOWING COLORECTAL ENDOSCOPIC SUBMUCOSAL DISSECTION

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A single-center study of 16 delayed perforations after colorectal endoscopic submucosal dissection found that introducing endoscopic closure in 2021 for selected patients was associated with shorter hospitalization and a trend toward higher surgical avoidance compared to earlier case-by-case management.

KEY POINTS

- Among 4,848 colorectal ESD procedures (2008–2024), 16 delayed perforations (0.3%) were identified and divided into before-closure (2008–2020, n=9) and after-closure (2021–, n=7) groups.
- Since 2021, endoscopic closure was attempted in patients with localized symptoms, stable condition, no or minimal oral intake, and endoscopic accessibility and feasibility of closure.
- Surgical avoidance rate improved from 33% to 86% (p=0.06) and median hospitalization decreased from 16 to 11 days (p<0.05) after introducing endoscopic closure.
- All six endoscopic closures avoided surgery and no perforation occurred after closure; methods included over-the-scope clips (n=1), hemostatic clips (n=4), and clips with polyglycolic acid sheet (n=1) for median 10 mm perforations.
- This retrospective comparison suggests endoscopic closure may be an effective treatment option for selected patients with delayed perforation after colorectal ESD.

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