THE USEFULNESS OF TWO-STAGE ENDOSCOPIC RESECTION (TSER) FOR A HUGE PROTRUDING TUMOR IN THE DUODENAL BULB

Yohei Minato

UEG Week Copenhagen 2023 | Poster

Oesophagus

October 15, 2023

A two-stage endoscopic resection technique was developed and evaluated in 4 patients with large protruding duodenal tumors, involving initial piecemeal polypectomy followed by en bloc endoscopic submucosal dissection one month later.

KEY POINTS

- The technique was applied to 4 cases of type 0-I superficial non-ampullary duodenal epithelial tumors occupying the duodenal bulb lumen between July 2021 and January 2023, where standard endoscopic treatment was difficult due to lack of visualization and manipulation space.
- The first stage involved piecemeal polypectomy to reduce tumor volume without damaging the base; one month later, after the base became a flat lesion with clear demarcation, en bloc resection by endoscopic submucosal dissection was performed.
- All 4 patients achieved R0 resection with no lymphovascular invasion; mean resected specimen length was 42.5mm (range 25-60mm), and second stage lesion diameter was 27.3mm (range 9-48mm).
- Second stage pathology showed adenocarcinoma in situ in all 4 cases; one post-procedural bleeding event occurred, and all post-ESD ulcers were covered with polyglycolic acid sheets and fibrin glue.
- The authors conclude that two-stage endoscopic resection can be safely performed for giant protruding bulb tumors with accurate pathologic evaluation and suggest potential application to protruding tumors in other organs.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/ba15b2c4-743b-11ee-b5bb-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.