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Summary

THE FEASIBILITY OF TRACTION-BAND-ASSISTED ENDOSCOPIC CLOSURE FOR MUCOSAL DEFECTS AFTER COLORECTAL ENDOSCOPIC SUBMUCOSAL DISSECTION: A MULTI-CENTER PROSPECTIVE STUDY

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Colorectal

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A prospective three-institution study of 34 patients demonstrated 100% complete closure of mucosal defects following colorectal endoscopic submucosal dissection using traction-band-assisted endoscopic closure.

KEY POINTS

- The study enrolled patients with 20-50mm colorectal neoplasms across three institutions, achieving complete closure in all 34 cases (100%) with a median closure time of 15 minutes.
- The traction-band-assisted endoscopic closure method uses a silicone ring attached to a clip base to create tension between clips, narrowing the mucosal defect and facilitating placement of additional clips.
- Median lesion diameter was 30 mm, all cases achieved en-bloc resection, and the median number of devices used was one traction band and eight clips.
- Procedure-related complications included intraoperative perforation in 5.8%, delayed bleeding in 2.9%, and post-ESD electrocoagulation syndrome in 3.1%.
- The authors note that further studies are required to verify the efficacy of this technique in preventing delayed complications after colorectal endoscopic submucosal dissection.

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