

ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD) BY TRAINEES TUTORED BY EXPERTS: SHORT-TERM RESULTS

A Wagner , D Neureiter , A Ziachehabi , T Kiesslich , HP Allgaier , G Kleber , K Heiler , D Plamenig , P Friesenbicher , M Lutz , H Seifert , M Anzinger , T Uraoka , T Toyonaga , N Yahagi , T Oyama , F Berr

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Aims:

To enhance curative resection rate and learning curve for implementation of ESD technique.

Methods:

Patients (n = 101; 73 [37 – 91] years old) with neoplasias (n = 120; 20 esophageal, 13 gastric, 15 duodenal, 72 colorectal) fulfilling Japanese criteria for en-bloc resection were referred with consent for tutored ESD to Salzburg. European endoscopists – with initial clinical ESD experience – partially or completely resected the lesions under supervision of one of the four Japanese experts in 17 tutoring sessions (each with a duration of 1 – 4 days, 24 active and 27 passive participants from 16 countries).

Results:

ESD intention was diagnostic for 4 submucosa-(sm)-invasive early carcinomas (2 Barrett's, 2 colorectal – ESD R0, but referred for surgery) and curative for 116 lesions. One ESD (recurrent rectal adenoma with extreme sm-fibrosis) was stopped (success rate 99%). Of the remaining 115 resections, 107 were performed as ESD en-bloc (93%). Five colonic LSTs (4%) required ESD-snaring in 2 – 4 particles, and 3 duodenal adenomas (d = 4 – 7 cm with LGIEN) were a priori resected with piece-meal EMR (3%). ESD en-bloc specimens were in 14% margin-positive (R1, LGIEN). However, oncologically curative R0 resections (98% performed en-bloc) were achieved in all 49 malignant and in 6 symptomatic, potentially malignant submucosal tumors. Complications, such as microperforation, bleeding or stenosis, occurred in 14% of cases. All were endoscopically managed without surgery or mortality or long-term morbidity.

Conclusions:

Performance of ESD under tutoring of experts results in safe and curative outcome for the patients and best enhances diagnostic and electrosurgical competence of ESD trainees.

