



NON-CURATIVE ENDOSCOPIC SUBMUCOSAL DISSECTION OF EARLY GASTRIC NEOPLASMS: IS SALVAGE SURGERY MANDATORY?

Félix C; Mascarenhas A; O'Neill C; Mendo R; Rodrigues JA; Barreiro
P; Chagas C
Serviço de Gastrenterologia, Centro Hospitalar Lisboa Ocidental

INTRODUCTION

Endoscopic submucosal dissection (ESD) is a standard treatment for gastric superficial lesions. Additional gastrectomy with lymph node (LN) dissection should be considered for patients with non-curative resections, owing to the risk of residual cancer (RC) and LN metastasis (LNM). Nevertheless, in clinical practice, few patients are found to have RC or LNM after additional surgery. Therefore, we aim to evaluate clinical outcomes of patients who underwent non-curative gastric ESD in our center.

METHODS

- Patients submitted to a gastric non-curative ESD between January/2013 and December/2019 were enrolled.
- Primary Outcomes:** local recurrence and distant metastasis during follow-up of patients not submitted to salvage surgery;
- Secondary outcomes:** RC, LNM and distant metastasis in patients with additional surgery.

RESULTS

- Performed 194 ESD;
- A total of 39 resections (20,1%) were non-curative (median size 25mm [IQA 22]), from 38 patients (mean age 74.39±9.65, 24males);
- In 5 cases, resection was a local-risk resection and surveillance was proposed; during a mean follow-up of 59 months, no recurrence was noted;
- The other 34 cases were non-curative high-risk resections. Additional surgery was performed in 15 of this patients: 2 patients had RC (both with a R1 resection) and none had LNM; 2 patients died of postoperative complications;
- Of the remaining 19 high-risk patients, 4 abandoned follow-up; during a mean follow-up of 26 months, neither local recurrence nor distant metastasis was found;
- Metachronous gastric lesion was observed in 2 patients;
- Among the 5 patients who died during follow up, none died of gastric cancer.

Table 1 – Non curative resections

Local-risk resection	N=5
Piecemeal resection	3
Positive horizontal margins	2
High-risk resection	N=34
Deeper infiltration (>500um)	25
Poorly differentiated with >2cm	7
R1 resection (positive vertical margin)	8
Lymphovascular invasion	11

Table 2 – High-risk resections submitted to additional surgery

High-risk resection	
Salvage surgery	15/34
Residual cancer	2/15
Lymph node metastasis	0/15

Table 3 – Follow-up of patients not submitted to salvage surgery

	Local-risk resection	High-risk resection
Time (mean, months)	59	26
Patients, n	5	19
Recurrence/ distant metastasis	0/0	0/0
Metachronous lesions	1	1

CONCLUSIONS

In our study, over 85% of patients undergoing salvage surgery for non-curative ESD did not have RC nor LNM and 13% died of postoperative complications. None of the patients not submitted to surgery presented disease recurrence. Our results suggest that the decision of additional surgery should be individualized and careful follow-up might be an alternative in selected cases.

REFERENCES

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