

CO-040 - ENDOSCOPIC SUBMUCOSAL DISSECTION OF THE ESOPHAGUS AND ESOPHAGOGASTRIC JUNCTION FOR EARLY NEOPLASIA: WILL IT BE THE FUTURE?

Catarina Félix¹; Rui Mendo¹; Iala Pereira¹; José Pedro Rodrigues¹; Pedro Barreiro¹; Cristina Chagas¹

1 - Centro Hospitalar de Lisboa Ocidental

Introduction: Endoscopic submucosal dissection (ESD) is an endoscopic technique widely employed in Asia for resection of esophageal and esophagogastric junction (EGJ) neoplasms. In the West, ESD of these locations is limited to a very few centers. This study aims to report the feasibility, safety and effectiveness of ESD for the treatment of early neoplasms of the esophagus and EGJ in a Western center.

Methods: Prospective data analysis of all consecutive esophageal and EGJ lesions treated by ESD from October 2014 to November 2018. Location, en bloc, pathological complete resection (R0) and curative rates, procedure time, complications and local recurrence were evaluated.

Results: Thirty lesions were included from 28 patients (65-year-old [39-84]; M/F=23/5): 9 squamous cell neoplasms, 6 neoplasms in Barrett's esophagus, 12 gastric cardia neoplasms, 2 granular cell tumors and 1 esophageal papilloma (proximal esophagus n=3, medial esophagus n=8, distal esophagus n=6, EGJ n=13). The median size of the resected specimen was 42mm (12-88). En bloc resection was achieved in all resected lesions (29/29; 1 resection was considered non-feasible due to invasion detected during the procedure). Circumferential dissection was performed in 6/29 lesions (21%). R0 was accomplished in 24/29 (83%) and resection was considered curative in 19/29 (66%). Reasons to non-curative resection were: poorly differentiated cardiac gastric adenocarcinoma (n=1), R1 (n=1), deep submucosal invasion (n=6) and Rx (n=2). There were no immediate complications such as bleeding or perforation; in the curative resected group, stenosis was diagnosed in 1 patient submitted to a circumferential resection and was managed endoscopically. No recurrence was observed within a mean follow-up of 18 months (3-53).

Conclusion: This study represents one of the largest series of esophageal and EGJ ESD in the West. Although representing the initial experience, ESD for these lesions was efficient and extremely safe.