

CO-028 - ENDOSCOPIC SUBMUCOSAL DISSECTION FOR RECTAL NEOPLASIA: SAFETY AND EFFICACY IN A EUROPEAN CENTER

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Introduction: The efficacy of endoscopic submucosal dissection (ESD) has been well documented, however Western data on colorectal ESD is limited and its role for colorectal lesions is, at present, not well defined. Nevertheless, the rectum is recognized as a particular segment and ESD may play an important role in avoiding a major surgery. This study aims to report the feasibility, safety and effectiveness of ESD for treating premalignant and early malignant rectal lesions in a Western center.

Methods: Prospective data analysis of all consecutive rectal lesions treated by ESD between 2013 and 2019. En bloc, pathological complete resection (R0) and curative rates, procedure time, complications and local recurrence were evaluated.

Results: Included 114 lesions from 111 patients (mean age 69,0±9,8 years old; M/F=71/40). Morphologically, lesions were laterally spreading tumor (LST) granular homogeneous (n=19), LST granular mixed (n=61), LST non-granular (n=15) and protruded lesions (n=19). Median size of the resected specimen was 50mm (13-156) and mean resection time was 107±89,1min. En bloc resection was achieved in 91,9% (102/111) of the resected lesions (3 resections were considered non-feasible). R0 resection was accomplished in 81 cases (73%) and resection was considered curative in 78 cases (70%). Complications occurred in 15 procedures (13%): 7 immediate minor bleedings, 1 immediate perforation and 7 delayed bleedings. In the resected group, asymptomatic stenosis was diagnosed in 2 patients whose resection was >90% of the rectal circumference. All complications were managed conservatively or endoscopically. Of the 78 curative resections, 53 were followed up and median follow-up time was 12 months (1 – 74) revealing 1 recurrence (2%).

Conclusion: To the best of our knowledge, this study represents the third largest series of rectal ESD in the West, showing that rectal ESD can achieve a high rate of en bloc and R0 resection, safely.