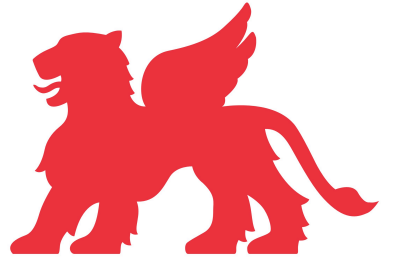


EFFICACY AND SAFETY OF ENDOSCOPIC MUCOSAL RESECTION IN COMPLEX COLORECTAL LESIONS: ARE THE RESULTS OF THE LEADING GROUPS REPRODUCIBLE?



R. Muñoz González¹, J. Escobar Ortiz², E. Fernández Velado¹, J.F. Francisco Prieto Aparicio¹, E. Resina Sierra¹, A. Ezquerro Durán¹, C. Gómez Labrador¹, B. Martínez Benito¹, F.J. Pardilla Moraleda¹, R. Martínez Fernández¹, C. Santander¹, P. Miranda García¹

¹Hospital Universitario La Princesa, Gastroenterology Department, Madrid, Spain.
²Hospital Universitario Infanta Leonor, Gastroenterology Department, Madrid, Spain.



ST MARK'S
THE NATIONAL
BOWEL HOSPITAL

Frontiers2021

Introduction and aims

High Size Morphology Site Access (SMSA) score has been associated with more adverse events (AE), incomplete resection and recurrence by leading groups.

Our aim was to assess the efficacy and safety of EMR for colorectal lesions with high SMSA scores.

Methods

Retrospective study using a prospectively maintained database. We included lesions with SMSA level ≥ 3 . Lesions and resection characteristics and AE were collected. Follow-up was performed within 6 months. We compared our results with the results of the Sydney group for levels SMSA 3 and 4¹.

Results

We included 103 lesions. The median lesion size was 30 mm (range 20-70).

93% were Lateral Spreading Tumors, more frequently no granular flat elevated type (34%). They were mostly located in the right colon (58%), 37% with difficult maneuverability. In 3% resection was not completed due to suspicion of deep infiltration or technical impossibility. Overall, 87% were piecemeal resections. 12% of patients were receiving antithrombotic therapy and 24% anticoagulants.

Histological analysis revealed adenomatous lesions in 80%, adenocarcinoma in 15% and sessile serrated lesion in 5%. Two patients had deep submucosal invasion.

Post-EMR bleeding occurred in 7%, perforation appeared in 1.9%, and post-polypectomy syndrome in 2%.

During follow-up (N = 68), 17.6% of patients had recurrence, mostly treated endoscopically (92%).

Our efficacy was similar to that described by the Sydney group: recurrence 17.6% vs. 9-23% for SMSA 3 and 4, respectively ($p > 0.05$). However, our rates of AE were slightly higher: bleeding 7% vs. 4-7% for SMSA 3 and 4 ($p > 0.05$); perforation 1.9% vs. 0.3-0.6% for SMSA 3 and 4 ($p < 0.05$).

SMSA LEVEL ≥ 3	Our series N = 103	Sydney Group ¹ N = 2500
Recurrence (%)	17.6%	9-23%
Bleeding (%)	7%	4-7%
Perforation (%)	1.9%	0.3-0.6%

Table 1. Comparison between groups for SMSA 3 and 4 lesions

Conclusions

EMR for difficult lesions was as effective as described by leading groups in a non-leading group. However, the rates of AE, especially perforation, were slightly higher.

¹Sidhu et al. Endoscopy. 2018 Jul;50(7):684-692.

The authors declare that there is no conflict of interest.