

中文題目：針對大腸腫瘤執行內視鏡下黏膜剝離術之長期成果分析：
南台灣醫學中心之八年經驗分享

英文題目：Long-term outcomes of endoscopic submucosal dissection for colorectal neoplasms: Eight-year experience in South Taiwan

作者：盧威廷¹，葛振瑜^{1,2}，姚志謙^{1,2}，李育騏^{1,2}，盧龍生^{1,2}，周業彬^{1,2}，
胡銘倫^{1,2}，邱逸群^{1,2}，戴維震^{1,2}

服務單位：¹高雄長庚醫院內科部，²高雄長庚醫院內科部胃腸肝膽系

Background: The Endoscopic submucosal dissection (ESD) can be considered for removal of colorectal lesions with high suspicion of mucosa invasion only or cannot be optimally removed by endoscopic mucosal resection (EMR). This advanced endoscopic procedure requires more technical difficulties and with higher risks than EMR. We aimed to analyze retrospectively the long-term outcomes of colorectal ESD in our hospital.

Method: We retrospectively enrolled 230 patients with 244 colonic neoplasms, who received ESD procedure from April 2012 to October 2020 at Kaohsiung Chang Gung memorial hospital. Clinicopathological data were collected by charts review. We also recorded ESD related complications and clinical outcomes.

Results: Among the 230 patients with 244 colonic lesions, the average ESD time was 51.9 minutes with one conversion to piecemeal EMR (0.4%). Nine cases (3.7%) have procedure-related complication, including two minimal perforations (0.8%) closed by endoscopic clips during procedure and 7 delayed bleeding (2.9%). There was no procedure-related mortality. Four patients were referred to further surgical intervention (1.7%), due to either adenocarcinoma with submucosal invasion or piecemeal resection. Most lesions (89%) were diagnosed as lateral spreading tumor (LST) and most with non-granular type (50.4%) under endoscopic gross appearance. 98.4% lesions achieved en-bloc resection while 84.8% achieved R0 resection. As for pathology, tubulovillous adenoma (47.1%) was the most benign lesion and most malignancy was carcinoma (14.8%). Most invasion depths of tumors were limited to mucosal layer (82%). No local recurrence was developed during follow-up (mean: 22.59 months) with 34 loss of follow-up (13.9%). One-way analysis of variance for mean ESD time and ESD speed identifies decreasing time and increasing speed during 8-year-period. Independent T test reveals lesion size > 10 cm² have

significance on ESD speed (cm²/min).

Conclusion: Endoscopic submucosal dissection (ESD) of colonic neoplasm is an effective and relatively safe treatment for lesion with high suspicion of limited submucosal invasion or unable to be optimally removed by snare-based techniques.