早期消化道癌之內視鏡治療

Endoscopic therapy for early GI tract cancer

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There were more than 8000 patients died due to GI tract cancers in Taiwan per year. Most of the GI tract cancers, which including gastric, colon, and esophageal cancers were diagnosed at the advanced stage and usually resulted in a poor prognosis. However, lymph node and distal metastasis were seldom found in the early stage of GI tract cancer that was defined as tumor invasion within mucosal or submucosal layers [1-2]. Good prognosis usually follows appropriate treatment in early stage GI tract cancers and 90% of the cases achieved 5-year survival [3]. Surgical resection was considered as the golden standard treatment for GI tract cancers in the past. But, curative resection by endoscopic method had been proven to be an effective therapy for early GI tract cancers in several studies.

Conventional endoscopic mucosal resection (EMR), reserving the whole organ function, had been used for the treatment of early gastric or colon cancers widespread. Conversely, there was strict size limitation for conventional EMR [4]. Local recurrence would increase if piecemeal resection was utilized by the conventional EMR [5]. Endoscopic submucosal dissection (ESD), a novel EMR method using IT knife, was originally designed to make the en-bloc resection possible for large early gastric cancers [7]. ESD technique can be used to improve the complete resection rate and provide sufficient safety margins that diminish the local tumor recurrence rate. Although it may result of major bleeding and gastric perforation, majority of the complications can be treated by endoscopy without further surgical approach. More than 50 cases of early gastric cancer and 10 cases of early esophageal cancers had been successfully treated by ESD method in Chia-Yi Chang Gung memorial hospital since 2004. The long term prognosis is quite substantially well in the follow-up period, and no local recurrence was detected if tumor was resected en-bloc [8]. ESD technique was further extended its use for the resection of gastric submucosal tumors, such as GIST (gastrointestinal stromal tumor), and with a good result in our experience [9].

Endoscopic submucosal dissection is a safe and effective method for the resection of early GI tract cancers and submucosal tumors. It preserves the integrity of stomach, and it also shortens the patient recovery time. Nevertheless, further investigation is required to confirm the efficacy and the long-term prognosis assessment of this ESD method.

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