



Endoscopic full-thickness resection (EFTR) implementation in a single centre: indications and outcomes in the first 35 cases

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BACKGROUND

Endoscopic full-thickness resection is a minimally invasive resection technique for epithelial and subepithelial lesions of the lower and upper gastrointestinal tract. It reduces procedure-related complications and mortality [1,2].

AIM

The aim of this study is to report the results of all endoscopic full thickness resections performed at a single center in Slovenia.

MATERIAL AND METHODS

Endoscopic full-thickness resection was introduced in our unit in June 2022. All consecutive patients were included in the prospectively managed endoscopic full-thickness registry. Data were extracted from the registry and analyzed retrospectively. Endpoints of the study were: technical success, R0 resection, adverse events and rate of the surgery.

RESULTS

Between June 2022 and June 2024, a total of 35 lesions in 34 patients were removed with endoscopic full-thickness resection in our unit. Technical success was achieved in 30 (85.7 %) cases. The

majority of cases were performed in the colon 32 (91.4%). The most common indication/anatomical location/pathohistological finding was pT1 colorectal cancer 13 (37.1%)/ appendix 9 (25.7 %)/ low-grade dysplasia in tubular adenoma 8 (22.8 %), respectively. R0 resection was achieved in 23 cases (65.7 %). There were five severe adverse events (14.3 %). A total of 16 patients (45.7%) underwent surgery. Results are presented in figure 1.

CONCLUSIONS

Our early experience with endoscopic full-thickness resection demonstrates its potential as a minimally invasive option for treating a variety of gastrointestinal lesions. The procedure proved effective in most cases. Appendiceal lesions presented significant challenges, with a high rate of adverse events such as appendicitis and a substantial need for subsequent surgical intervention.

References

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