조기 대장암의 치료에 있어 내시경점막하박리술과 경항문내시경미세수술간의 치료 성적 및 안전성 비교

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Comparison of Clinical Outcomes between the ESD and the TEM for Early Rectal Cancers

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Background: ESD has a therapeutic advantage for certain colonic lesion and enables endoscopists to achieve a higher en-bloc resection rate, resulting in enhanced curability and more accurate histopathological assessment. The aim of this study is to compare endoscopic submucosal dissection (ESD) with transanal endoscopic microsurgery (TEM) for early rectal cancers in terms of the clinical outcomes and the safety.

Patients and Methods: Between 2007 and 2009, 91 patients with early rectal cancer were treated by using ESD (n=25) or TEM (n=66) in Samsung Medical Center. Their medical records were retrospectively reviewed and their clinical outcomes were compared.

Results: In baseline comparison, macroscopic appearances of tumors were significantly different between both groups. 16 (64%) cases were LST in ESD group and 47 (71%) cases were polypoid lesion in TEM group (p=0.000). Treatment outcomes regarding en-bloc resection rates (92% vs 98%, p=0.183), R0 resection rate (96% vs 97%, p=1.000) and local recurrence rates (0% vs 3%, p=1.000) were comparable between both groups. In perspective of procedure related variables, TEM needed general anesthesia in most of cases (0% vs 88%, p=0.000) and ESD showed shorter total procedure time or operation time (median 67 min (25∼150) vs 90 min (40∼310), p=0.019) and shorter in-hospital days (median 3 days (2∼8) vs 5 days (3∼17), p=0.000). Both groups did not show significant differences in the bleeding (0% vs 0%) or perforation (4% vs 1.5%, p=0.476) rates.

Conclusion: For early rectal cancers, ESD may achieve comparable en-bloc and R0 resection rates with TEM. Both modalities are a safe and appropriate treatment options for early rectal cancers with strict patient selection. ESD have shown some benefits for patients due to its minimal invasiveness.

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