Clinical Decision on Performing Gastric ESD According to Indication is Not Accurate

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Objective: To assess the accuracy on the decision to perform or cancel gastric endoscopic submucosal dissection in cases, which were considered to be favorable for complete resection by ESD when referred.

Patients and Method: This study involved 63 patients out of 1424 cases in our database of gastric ESD, who were planned to undergo gastric ESD, but were cancelled for any given reasons. The accuracy of whether the reasons of cancelling ESD met the indication of ESD or not was assessed. In addition, the clinical outcomes of these patients who underwent surgical management were evaluated.

Results: The cases were divided into under-diagnosed (30 cases) and over-diagnosed (33 cases) group. In the over-diagnosed group, 5 cases underwent ESD later and 28 cases are under follow up. The under-diagnosed group consists of 6 cases of advanced gastric cancer in the endoscopic feature, 18 cases with submucosal invasion in EUS findings, 4 cases with size more than 3 cm and ulcer, 1 case with diffuse infiltrative endoscopic feature and 1 case with lymph node involvement in CT findings. Twenty-five cases underwent subtotal gastrectomy to remove the gastric adenocarcinoma. Overall accuracy of the decision in canceling ESD was 44% (10/25) in operated cases. Lesion size, endoscopic feature, pathology and location of the target lesion were not associated with the accuracy of the decision in statistical analysis.

Conclusions: Accuracy in decision of canceling ESD by endoscopic feature and EUS was considerably low in clinical settings. Other diagnostic options are needed in clinical decisions to perform gastric ESD.