적응증에 따른 조기 위암의 내시경적 치료 후 임상 성적: 절대적응증과 확대적응증의 비교

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Endoscopic and Oncologic Outcome after Endoscopic Resection for EGC: Absolute and Extended Indication

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Background & Aims: Endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD) are novel techniques that can remove early gastric cancer (EGC) en bloc. However, there is no consensus about the criteria for their use. We aimed to assess the clinical outcomes of endoscopic treatment based on indication criteria and endoscopic method.

Patients & Methods: EMR or ESD was performed on 1340 cases of EGC of 1187 patients from July 1994 to January 2009 in Asan Medical Center. Of the 1340 EGCs, 856 were placed in the absolute indication group for EMR or ESD (differentiated mucosal cancer; elevated lesions ≤20 mm in diameter and depressed lesions ≤10 mm without ulceration), and 484 were placed in the extended indication group (differentiated cancer; mucosal cancer without ulceration, regardless of tumor size, mucosal cancer with ulceration ≤30 mm and located <500 μm from the muscularis mucosae; and submucosal invasive cancer ≤20 mm in size). Each group was sub-divided according to whether EMR or ESD had been performed.

Result & Conclusion: Although the complete resection rate was significantly higher (96.6% vs 86.9%, p<0.001), the risks of complication and operation were lower (6.8% vs 10.0%, p=0.049 and 0.7% vs 11.8%, p<0.001) in the absolute indication group, but there was no between-group difference in local recurrence rate (1.5% vs 0.8%, %, p=0.498). In the extended indication group, ESD resulted in a significantly higher complete resection rate and a significantly lower operation rate than EMR. In ESD group, even though the risks of complication and operation were higher in extended indication group, but local recurrence rate was similar. Endoscopic treatment may be useful with acceptable clinical outcomes in extended criteria for EGC. ESD showed superior outcomes compared with EMR, especially in the extended indication group.

Key Words: Endoscopic mucosal resection, Endoscopic submucosal dissection, Early gastric cancer, Indication

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