Feasibility and Safety of ESD for Superficial Gastric Neoplasia in Patients with Liver Cirrhosis

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Background: Patients with liver cirrhosis (LC) are at high risk of bleeding in case of invasive treatments such as endoscopic submucosal dissection (ESD) because of low platelet count and coagulopathy accompanying LC. In addition, high rate of procedure-associated bacteremia reported and vulnerability of tissue in portal hypertensive gastropathy also make them poor candidates for ESD. Therefore, patients with LC might be considered as a distinct entity with high complication risk for gastric ESD. Therefore, patients with LC might be considered as a distinct entity with high complication risk for gastric ESD.

Patients and Methods: From January 2004 to March 2010, 23 patients with LC (cirrhosis group) underwent ESD for superficial gastric neoplasia and were enrolled in this study. Patients’ liver function was classified according to the Child-Pugh class: 20 patients in Child-Pugh class A and 3 patients in Child-Pugh class B. Their clinical outcomes and complication were compared with 69 patients without LC (control group) matched for age and sex.

Results: En bloc resection rate, R0 resection rate and en bloc plus R0 resection rate of cirrhosis group were 82.6%, 91.3% and 82.6%, respectively and did not show significant difference from those of control group (94.2%, 98.6% and 92.8%,). No local recurrence was found in either group during follow-up period, Procedure time (41.0 minutes versus 39.0 minutes), bleeding (4.3% versus 7.2%) and perforation (0.0% versus 1.4%) rates in cirrhosis group was also comparable to those of control group.

Conclusions: Even in patients with liver cirrhosis, ESD can achieve satisfactory outcomes with high en bloc and R0 resection rate and can be safely performed for superficial gastric neoplasia.

색인단어: 위종양, 내시경점막하박리술, 간경화증, 합병증, 균혈증

Key Words: Gastric neoplasm, Endoscopic submucosal dissection, Liver cirrhosis, Complication, Bacteremia