BroadcastMed | nyw_ye---endoscopic-treatments-for-upper-gastrointestinal-subepithelial-tumors-originating-from-the-muscularis-propria-layer-1080p.mp4

LI-PING YE: I'm Ye Li-Ping from Taizhou Hospital, Zhejiang Provence, People's Republic of China. Endoscopic treatment for upper gastrointestinal tumors originating from the MP layer-- This is work of our endoscopic center for 10 years.

This is a case of ESD for early gastric cancer. This is an ESD for colon mucosal lesions. This is a case of complete circular endoscopic resection using submucosal tunnel technique combined with esophageal stent placement for circumferential early esophageal cancer.

This is a case of EMR combined with ERCP for duodenal nipple mucosal high-grade dysplasia. This is a case of POEM for achalasia of cardia.

[INAUDIBLE] subepithelial tumor lesion, and that's a subepithelial tumor originating from the MP layer. It's one found in the esophagus by endoscope and the [INAUDIBLE]. The procedure was performed as follows-- first, we performed an endoscopic [INAUDIBLE] mucosal resection for subepithelial esophageal lesion. Then, using ESD, a technique for resection of submucosal tumors originally from the muscular propia layer.

After, then, a retrieval failed. The esophageal stent was placed in the esophagus for preventing the person bleeding [INAUDIBLE]. The one it was complete here, there was no [INAUDIBLE] of this procedure.

Endoscopic treatments we have for small upper GI subepithelial tumors-- endoscopic muscularis excavation, endoscopic full-thickness resection, submucosal tumor endoscopic resection. This is a case of EME procedure for gastric SETs originating from the MP layer. This is a case of EME procedure for duodenal carcinoid.

EME advantages and limitations-- EME is similar to the technique of standard ESD, with the only difference in the depth of excavation. Compared with the standard ESD procedure, the primary advantage of EME is the improved complete resection rate. However, as a result of deeper dissection, the risk of complications associated with EME is significantly increased, such as perforation.

This is a case of EFTR procedure for a SET originating from the MP layer in the gastric fundus-- EFTR combined laparoscopy for the SET originating from the MP layer in the duodenum. Some of the [INAUDIBLE] tumor originating from the MP layer is found in gastric

[INAUDIBLE] by endoscope, [INAUDIBLE], and a CT. The procedure was performed as follows.

First, resecting the [INAUDIBLE] mucosa and review the tumor. Then, use the ESD technique for resecting the tumor. After, the tumor is removed.

So [INAUDIBLE] could be [INAUDIBLE] the gastric wall defect. Finally, we applied several clips and the endoloop for closing our gastric wall [INAUDIBLE]. We call this the [INAUDIBLE] technique or [INAUDIBLE] technique.

The resection [INAUDIBLE] there was a 2.8 centimeter tumor. This is the tumor.

EFTR advantage and key problems-- EFTR procedure expands the indications of endoscopic resection for patients with gastric SETs originating from the MP layer. One key problem with the EFTR procedure involves issues with completely closing the gastric wall defect after the EFTR procedure. Methods which have been reported include clips, clips combined endoloop, OTSC, and using omentum majus.

Another key problem is how to reduce the potential risk of abdominal cavity infection. Our experience compared was optimized bowel preparation, preventing the gastric juice from flowing into the abdominal cavity, gastrointestinal decompression, and intravenous infusion of the antibiotics.

This is EFTR combined laparoscopy for a SET originating from the MP layer in the duodenum. This is the STER procedure for a SET originating from the MP layer in the gastric body. This is a case of the procedure for SET originating from the layer in the esophagus.

A subepithelial tumor originating from the MP layer in the front in the esophagus and the endoscopic use. The procedure was performed as follows.

First, a 2-centimeter long mucosa incision was made 5 centimeter above the lesion with the hook knives early point. Then creating a submucosal [INAUDIBLE] to the lesion with a hybrid knife between the submucosa and the submucosa using the ESD technique for excavation to the MP layer.

The following is the mucosa excavation size and the close clips after the tumor was removed. This is the tumor.

STER advantages-- in contrast with the EME or EFTR, STER has advantages in terms of preventing the integrity of the digestive gastric mucosa and the submucosa while also promoting early wound healing. Moreover, a 5-centimeter long submucosal tunnel has a good leak-proofing effect, which reduces the risk of postoperative digestive tract fistula.

The main adverse events associated with the STER involved air-leakage symptoms, which generally can be managed successfully using endoscopic methods and conservative treatment without the need for surgical intervention.

The main complications-- main complications related to these endoscopic upper gastrointestinal SETs originating from the MP layer in our endoscopic center including-- perioperative perforation, 12.2%, perioperative bleeding, 1.48%, delayed bleeding, 0.2%, localized peritonitis was 0.69%. Arterial hemorrhage-- duodenal wall defect after EFTR.

Conclusions-- endoscopic resection is an effective and reasonable safe therapeutic method for treating upper GI SETs originating from the MP layer when managed by an experienced endoscopic team. Main complications include perioperative perforation, perioperative bleeding, delayed bleeding, or localized peritonitis.

This is my hometown. Thank you very much.

[APPLAUSE]