

Role of Endoscopic Mucosal Resection in Large Superficial Non-Ampullary Duodenal Adenomas

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Received: February 09, 2024; **Accepted:** February 10, 2024; **Published:** February 12, 2024

Endoscopic Mucosal Resection (EMR) is the modality of choice in the removal of large non-ampullary duodenal adenomas. We discuss the implications and outcomes of this procedure- an area that has a paucity of evidence-based data.

While duodenal adenomas are very common in familial adenomatous polyposis syndrome, sporadic occurrence of non-ampullary duodenal adenomas is very rare. They may share morphologic characteristics with colonic adenomas so as such they may follow a similar adenoma-carcinoma pathway. While smaller lesions may be resected with cold snare polypectomy, EMR has emerged as the mainstay in treating large adenomatous lesions in the duodenum. ESD is technically difficult to perform due to the anatomical challenges in the duodenum. However, using EMR for duodenal lesions is still in a nascent stage. It is a promising technique but post-procedural complications should be studied well to facilitate prompt management.

A retrospective study analyzed consecutive endoscopic resections for duodenal lesions. Patients with non-ampullary duodenal adenomas > 10 mm and resulting adverse events were studied [1]. 167 duodenal adenomas with a median size of 25 mm were removed by EMR. Adverse events occurred in 22.2% of the patients. These included delayed bleeding in 17.4%, immediate perforation in 2.4 % and delayed perforation in 2.4%. Size of the lesion was identified as the only risk factor for adverse events.

These results essentially necessitate that EMR for large non-ampullary duodenal adenomas be performed in large tertiary care facilities by endoscopists with adequate expertise.

References

1. Amoyel M, Belle A, Dhooge M, Ali EA, Pellat A, et al. Outcomes of endoscopic mucosal resection for large superficial non-ampullary duodenal adenomas. *Sci Rep*. 2022. 12: 14592.

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Citation: Annie Shergill, Luis Nasiff. Role of Endoscopic Mucosal Resection in Large Superficial Non-Ampullary Duodenal Adenomas. *J Clin Res Case Stud*. 2024. 2(1): 1-1. DOI: doi.org/10.61440/JCRCS.2024.v2.33