

# Role of Endoscopic Submucosal Tunnel Dissection (ESTD) for Difficult Esophageal Lesions

Annie Shergill\* and Luis Nasiff

Larkin Community Hospital, Palm Springs Campus, Hialeah, FL, USA

## \*Corresponding author

Annie Shergill, Larkin Community Hospital, Palm Springs Campus, Hialeah, FL, USA.

**Received:** January 29, 2024; **Accepted:** January 31, 2024; **Published:** February 03, 2024

Endoscopic Submucosal Dissection or ESD is widely used for resection of localized superficial esophageal lesions. But it is technically difficult to perform ESD in large esophageal lesions. Endoscopic Submucosal Tunnel Dissection or ESTD as a tunneling technique was devised to resect such large esophageal lesions. The first series of performing ESTD was reported in 2013 [1]. After endoscopically marking the margins of the lesion, a submucosal tunnel is created by submucosal dissection from the oral incision to the anal incision, followed by bilateral resection to completely remove the lesion. In this series, en bloc resection of lesions was achieved with the average length of the lesions being 5.7 cm [1].

ESTD over the past decade has been found to be useful for lesions that cover the esophageal lumen and those that are located at the esophagogastric junction. ESTD has also been shown to be associated with significantly reduced mean procedure time for lesions covering more than half of the esophageal circumference as compared to conventional ESD [2].

ESTD offers shorter procedure times and lower muscle injury rates. It allows stabilization of the endoscope within the tunnel thereby exerting traction by which the scope can exert tension on the dissection plane.

Having shown promising results in comparison to conventional ESD, a major limitation in implementing widespread use of this novel technique is lack of operator expertise. The study revealing shorter procedure times in ESTD included endoscopists who were experienced with performing > 200 ESDs [2]. Therefore, ensuring adequate proficiency in endoscopic skills may be a game changer. More prospective studies evaluating the use of ESTD to resect lesions in different anatomical locations will pave a new path for this novel technique to be utilized in removal of large sized lesions from the gastrointestinal tract.

## References

1. Linghu E, Feng X, Wang X, Meng J, Du H, et al. Endoscopic submucosal tunnel dissection for large esophageal neoplastic lesions. *Endoscopy*. 2013. 45: 60-62.
2. Fan X, Wu Q, Li R, Chen W, Xie H, et al. Clinical benefit of tunnel endoscopic submucosal dissection for esophageal squamous cancer: a multicenter, randomized controlled trial. *Gastrointest Endosc*. 2022. 96: 436-444.

**Copyright:** © 2024 Annie Shergill, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**Citation:** Annie Shergill, Luis Nasiff. Role of Endoscopic Submucosal Tunnel Dissection (ESTD) for Difficult Esophageal Lesions *J Clin Res Case Stud*. 2024. 2(1): 1-1. DOI: doi.org/10.61440/JCRCS.2024.v2.23