

Role of Traction-Assisted Endoscopic Submucosal Dissection (ESD) in Large Esophageal Cancers

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

Endoscopic Submucosal Dissection (ESD) facilitates en bloc resection of superficial gastrointestinal tumors but is a technically challenging procedure. An endoscopist cannot access the luminal tract like a surgeon to gain traction- which is the major challenge to overcome in ESD. This results in increased risk of perforation as well. Therefore, a traction device is used to aide the process of performing ESD without incurring any adverse events. Clip-with-line (CWL) is one such traction device, developed to perform taction-assisted ESD as compared to conventional ESD.

The CONNECT-E trial was a multicenter trial conducted in Japan that compared conventional ESD with traction-assisted ESD for treating large esophageal lesions [1]. Patients who were diagnosed endoscopically with esophageal cancers (squamous cell carcinoma or basal cell carcinoma with tumor diameter of > 20 mm) at stage T1a or T1b were randomly assigned to undergo conventional ESD or CWL-ESD. Results showed that the procedure time in the CWL-ESD group was significantly shorter than in the conventional ESD group for lesions occupying < 50% or > 50% but less than 100%. This was not significant for lesions covering the entire circumference.

The CONNECT-E trial also showed that there were no adverse events noted in the CWL-ESD group and technical difficulties such as incidence of perforation, piecemeal resection and inadvertent incisions were significantly reduced. This study has established a strong foot hold for continued use of traction assisted ESD over conventional ESD for large esophageal lesions in the near future.

References

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Citation: Annie Shergill, Luis Nasiff. Role of Traction-Assisted Endoscopic Submucosal Dissection (ESD) in Large Esophageal Cancers *J Clin Res Case Stud*. 2024. 2(1): 1-1. DOI: doi.org/10.61440/JCRCS.2024.v2.22
