

CÁNCER GASTRO INTESTINAL

[Endoscopic Submucosal dissection and mucosectomy for the treatment of the epithelial neoplasia and early gastric cancer].

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Abstract

INTRODUCTION: In Japan, endoscopic mucosal resection and endoscopic submucosal dissection of early gastric cancer are accepted as a treatment options for cases of early gastric cancer where the probability of lymph node metastasis is nil or low. **OBJECTIVES:** To establish the effectiveness of mucosectomy for the treatment of early gastric cancer and evaluate the extended indications for dysplasia lesions, also, we want to determine if the mucosectomy is relevant for lesions negative for neoplasia at the National Institute for Neoplastic Diseases (INEN), Lima, Peru. We call for estimating the utility and factibility of the endoscopic submucosa dissection with the needle knife. **MATERIALS AND METHODS:** The study is an observational, prospective, analytical and cross longitudinal. The study was performed in 96 patients with Type 0 Neoplastic lesions at INEN from 1996 to 2008. The revised Vienna classification of gastrointestinal epithelial neoplasia was utilized. The indication for endoscopic mucosal resection as a radical treatment of early gastric cancer is according to the treatment guidelines for gastric cancer in Japan. The lesions were resected with a simple endoscopic snare, with the Olympus cap for some depressed lesions and the needle knife during the submucosal dissection. Lifting of the lesion with submucosal injection was done with saline solution with epinephrine or saline with distillate water. The statistical analysis included the SPSS-12 programme. **RESULTS:** 96 patients were treated by mucosectomy and endoscopic submucosal dissection from 1996 to 2008. The sample represents patients with a mean age over 50 years old and predominance of female. 55 patients belongs to category 1 of revised Vienna Classification, 9 patients are in the category 3, 31 patients are suitable in category 4 (20 with high grade adenoma/dysplasia and 11 with intramucosal carcinoma) and just 1 patient for the category 5. We resected 305 Type 0 lesions, 85 mucosal neoplasia, low grade (43) and high grade (31 adenoma/dysplasia in 20 patients and 11 intramucosal carcinoma in 11 patients), and 219 lesions negatives for neoplasia. Approximately 200 lesions were resected by mucosectomy. The endoscopic submucosal dissection was done in 03 patients with additional mucosectomy. In general, the complications were bleeding resolved during the same procedure; there were no perforations in the current series. The local recurrence of 2 adenomas (high and low dysplasia), were resolved with Plasma Argon. We have no evidence of neither local nor distant recurrence in patients with intramucosal carcinoma in 5-10 years follow up. The patient treated by mucosectomy and submucosal invasion was operated and his actual survival is 6 years and 7 months. **CONCLUSIONS:** Mucosectomy is effective for precise variety of early gastric cancer with a median follow up period of 5-10 years in ours first patients, preserve the organ and maintain a high quality of life. Mucosectomy is appropriated for mucosal low and high grade adenoma/dysplasia, the local recurrence can be treated by Plasma Argon. The procedure can extend the indications eventually for lesions that are non-neoplasia. The endoscopic submucosal dissection must be done only in trained centres.