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In Japan and other countries in East Asia, the incidence of gastric cancer is relatively high, but in Western countries, that is much lower and early gastric cancer is rarely detected. In this situation, Deprez et al. proposed that lesions in the rectum should be the first step of real ESD as ...
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Cited by: 61Author: Michael J. Bourke, Michael J. Bourke, Hors...
Publish Year: 2018

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May 01, 2018 Endoscopic submucosal dissection was developed in Japan, early in this century, to

Endoscopic submucosal dissection

Surgical Procedure

Endoscopic submucosal dissection is an advanced surgical procedure using endoscopy to remove gastrointestinal tumors that have not entered the muscle layer. ESD may be done in the esophagus, stomach or colon. Application of endoscopic resection to gastrointestinal neoplasms is limited to lesions with no risk of nodal metastasis. Either polypectomy or endoscopic mucosal resection is beneficial for patients because of its low level of invasiveness. However, to ensure the curative potential of these treatment modalities, accurate histopathologic assessment of the resected specimens is essential because the depth of invasion and lymphovascular infiltration of the tumor is associated with considerable risk for lymph node metastasis. For accurate assessment of the appropriateness of the therapy, en bloc resection is more desirable than piecemeal resection. For a reliable en bloc resection of GI neoplasms, a new method of ER called endoscopic submucosal dissection has been developed.

 
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Gastric endoscopic submucosal dissection in western countries: Indications, applications, efficacy and training perspective

De Luca L *et al.* Gastric endoscopic submucosal dissection in West

Luca De Luca, Massimiliano Di Berardino, Benedetto Mangiavillano, Alessandro Repici

Abstract

Endoscopic submucosal dissection was introduced in Japan for the mini-invasive treatment of early gastric cancer, as part of national screening program considering high prevalence of disease in these latitudes. This technique allows *en-bloc* curative oncological excision and to obtain in a single step R0-resection, characterization, histological staging and potential cure of the tumor with a very high cost-benefit balance. Over the years, Western endoscopists have adopted endoscopic submucosal

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