Endoscopic submucosal dissection on an outpatient basis

João Santos-Antunes

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I read with great interest the paper by Baldaque-Silva et al. entitled ‘Endoscopic submucosal dissection of gastrointestinal lesions on an outpatient basis’.¹

The Gastroenterology Department of Centro Hospitalar S. João, in Porto, Portugal, has one of the largest published endoscopic submucosal dissection (ESD) series in the Western setting.² Baldaque-Silva was the first in Portugal to perform outpatient-based ESD, and his manuscript¹ reports the initial experience of this strategy, analysing ESDs that were executed until 2013 ($n=164$, of which 122 were outpatient based).

Since the end of that study¹ until May 2019, 301 additional ESDs have been performed in the same department by a different endoscopy team (JSA and MM). These procedures were consecutively recorded in an electronic database and have now been retrospectively assessed. From those, and selecting only patients with more than one month of follow-up in order to assess late adverse events, we had 137 lesions that were eligible for outpatient ESD (1 oesophageal, 50 gastric, 7 colonic and 79 rectal lesions). In the outpatient group, we achieved >97% en bloc resection, and 91% R0 resection. We obviously had no severe bleeding or

perforation during ESD (which would demand hospitalisation), and we had three (2%) delayed bleeding events in the ESD site (one hematemesis in the following day after gastric ESD, one rectal bleeding in the following day and one rectal bleeding after one week of rectal ESD), two of them requiring hospitalisation. We had no need for surgery and no mortality due to adverse events.

Our department has, to the best of my knowledge, the largest outpatient-based ESD series reported so far. We have now gathered 465 ESDs (259 outpatient based), and this updated series corroborates the excellent safety profile of this strategy in selected patients.

References

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Gastroenterology Department, Centro Hospitalar S. João, Porto, Portugal

Corresponding author:

João Santos-Antunes, Gastroenterology Department, Centro Hospitalar S. João, Al. Prof. Hênani Monteiro, Porto 4200-319, Portugal.
Email: joao.claudio.antunes@gmail.com