

# 10th Update on Endoscopic Skills

Salzburg, 18 May 2018

## ESD LIVE

Takashi Toyonaga #1

Alexandr Mitrakov & Sergey V. Kantsevoy #2

Tsuneo Oyama #3

Josef Holzinger #4

Depts. of Medicine I and Surgery

Univ.-Hospital Salzburg

Organizers: Andrej Wagner, Frieder Berr

## CASE #3

**Tsuneo OYAMA** / Nagano, JP

**Hook-J knife**



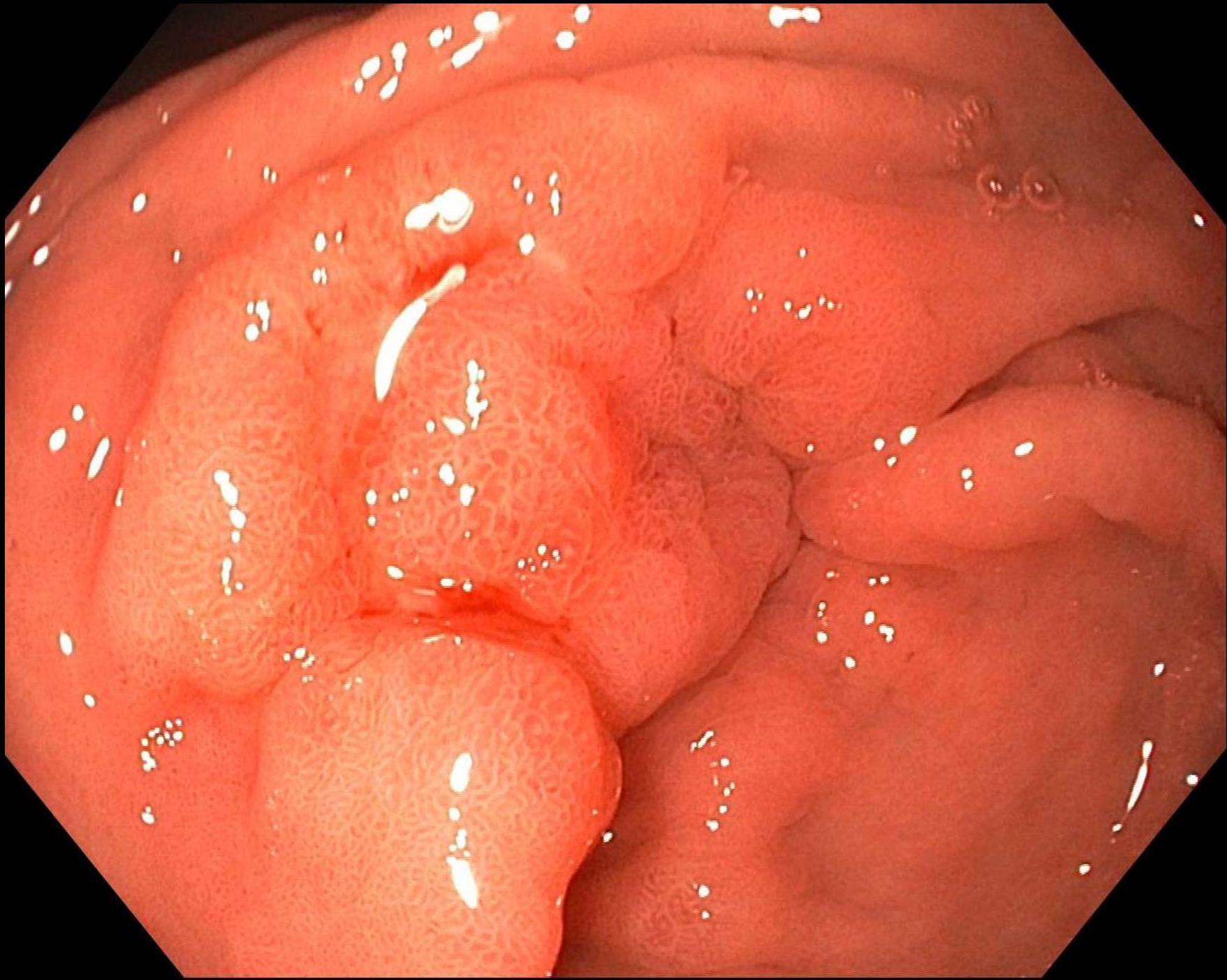
71 yrs old man, ASA II°, stable condition.

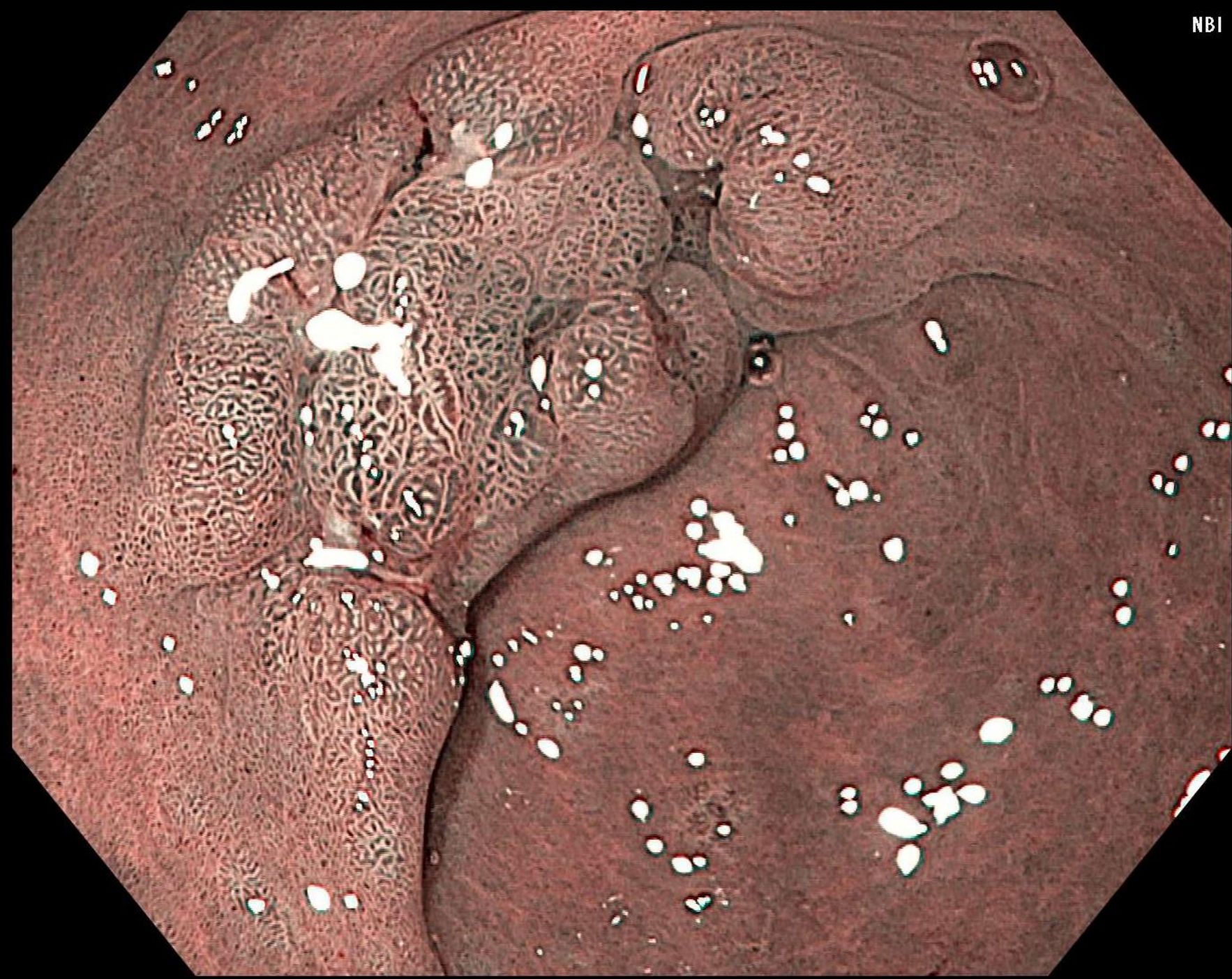
Gastric ulcer ad pylorum since 8/2017, „non-healing“  
Hypertensive HD (ICD pace maker 10/2017), EF 45%.

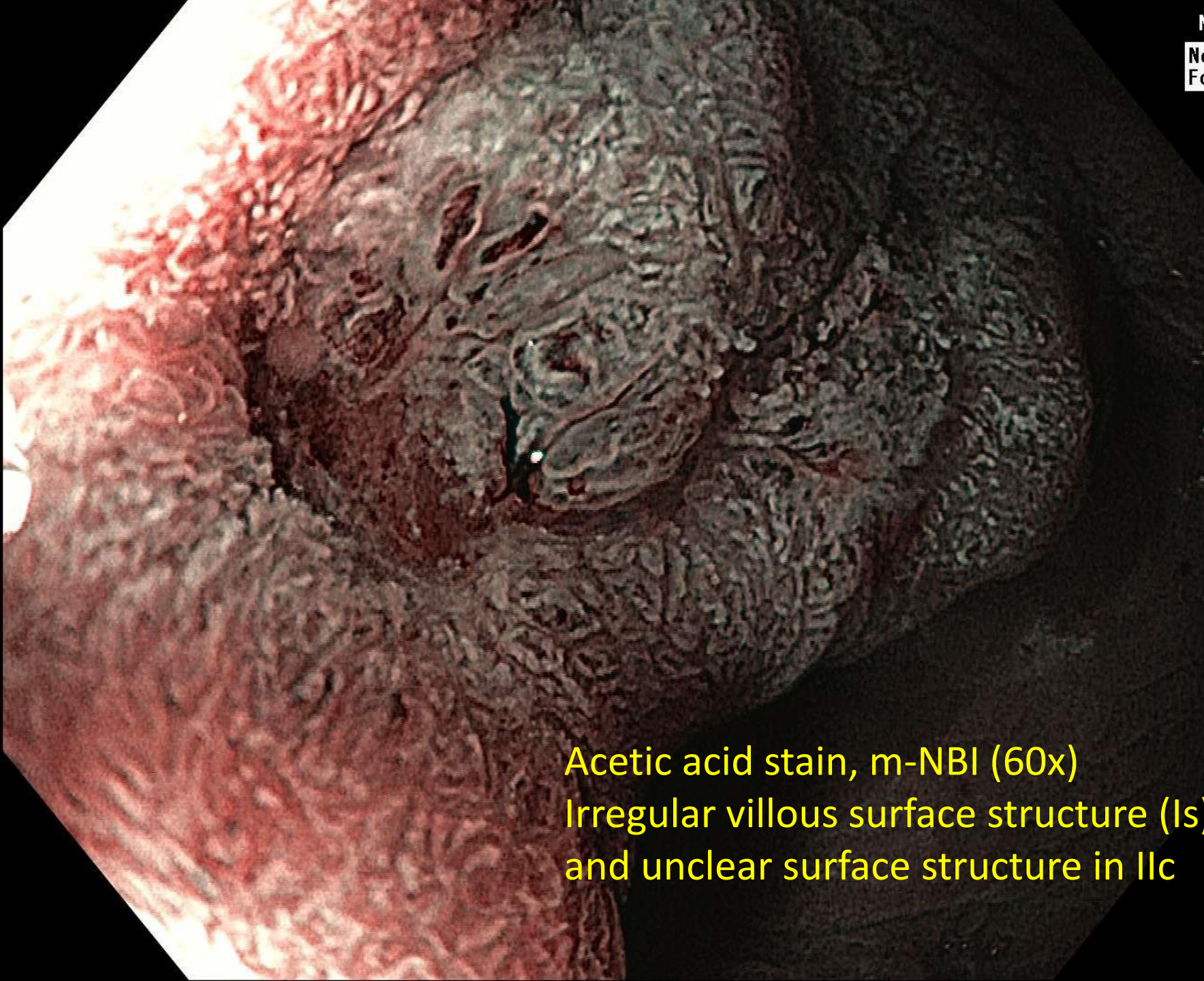
**Re-EGD** Neoplastic lesion 0-IIa/Is+IIc (Bx: LGIN) on minor curvature.  
Resection attempt (ESD) had failed 2 months ago because of  
difficult access (prolapse of lesion into duodenal bulb)

**EGD** O-Is+IIc (3 x 2 cm) pre-/intrapyloric at minor curvature  
Surface: unclear pattern in 0-IIc area  
Vessels: mainly network VP (without large caliber)

**Clinical Dx**                      **Well differentiated AC → ESD (curative intention)**







Acetic acid stain, m-NBI (60x)  
Irregular villous surface structure (Is)  
and unclear surface structure in Ilc

m-NBI (100x) under water:  
Irregul. network vessel pattern,  
without signif. caliber change.  
→ typical for WDAC



**ESD en-bloc** under general anesthesia (ITN) (approx. 1.5 hours)

First, the aboral (intrapyloric) margin was cut and sm dissected, Then, m-cut was extended to right side and anterior side and ESD completed, all in prograde access. ESD bed  $\leq$  half of circumference.

**Specimen** 4.5 x 3.7 cm

### **Pathology**

- WDAC G1 pT1a (m2) pNX L0 V0 Pn0 R0, UICC-Stage: IA
- Resection R0 → curative resection

**Outcome** discharged home on day 3 p. ESD, asymptomatic.  
ESD bed  $\leq$  50% of circumference, stenosis unlikely.