

English Abstract Session

Sat. Nov 15, 2025 2:12 PM - 2:54 PM JST | Sat. Nov 15, 2025 5:12 AM - 5:54 AM UTC Room 10

[E6] English Abstract Session 6 Miscellaneous

Moderator:Kensuke Kumamoto(Department of Genome Medical Science and Medical Genetics, Faculty of Medicine, Kagawa University), Kamales Prasitvarakul(Hatyai Hospital)

[E6-2] Endoscopic Intermuscular Dissection (EID) for Deep Submucosal Invasive Carcinoma in Rectum

Xutao Lin¹, Dejun Fan¹, Jingwen Qi², Tao Yang¹, Lishuo Shi³, Fangqian Li⁴, Qiuning Wu¹, Lingyu Huang¹, Jiancong Hu¹ (1. Department of Gastrointestinal Endoscopy, The Sixth Affiliated Hospital of Sun Yat-sen University, 2. Department of Pathology, The Sixth Affiliated Hospital, Sun Yat-sen University, 3. Center for Clinical Research, The Sixth Affiliated Hospital, Sun Yat-sen University, 4. Department of Radiology, The Sixth Affiliated Hospital, Sun Yat-sen University)

Objective:

This study evaluates the efficacy and safety of endoscopic intermuscular dissection (EID) for deep submucosal invasive rectal carcinoma. We analyzed clinical data from 8 T1-stage rectal cancer patients treated with EID at The Sixth Affiliated Hospital of Sun Yat-sen University, focusing on R0 resection rate, complications, and postoperative recovery.

Methods:

Clinical records of 8 patients undergoing EID from January to September 2024 were reviewed. The EID technique involved dissecting lesions through the intermuscular space beneath rectal tumors. Parameters including operative time, dissection speed, R0 resection rate, complications, and pathological outcomes were analyzed.

Results:

All cases achieved successful R0 resection. Mean total operative time was 136.25 minutes (dissection time: 109.75 minutes) with an average dissection speed of 7.44 mm²/min.

Intraoperative complications occurred in 25% (2/8), both being controlled perforations in initial cases managed endoscopically. Mean hospital stay was 9.75 days (postoperative: 5.63 days). Pathological findings confirmed deep submucosal invasion (T1b) in all cases: 6 moderately differentiated, 1 well-differentiated, and 1 poorly differentiated mucinous adenocarcinoma. During follow-up, 2 patients required additional surgery (1 segmental resection for poor differentiation, 1 colectomy for synchronous sigmoid cancer), with no recurrences observed in others.

Conclusion:

EID demonstrates promising outcomes for deep submucosal rectal carcinoma, achieving high R0 rates with acceptable safety. Larger multicenter studies are warranted to validate long-term efficacy.