JSCP-KSCP Symposium Session

2025年11月15日(土) 8:50 ~ 9:50 第10会場

[JKS2] JSCP-KSCP Symposium Session 2 Endoscopic Diagnosis and Treatment for Colorectal Diseases

Moderator:Shiro Oka(Department of General Internal Medicine, Hiroshima University Hospital), Soon Sup Chung(Ewha Womans University)

[JKS2-1]

Indications and Outcomes of Treatment for Abdominal Abscesses

Hidenori Tanaka, Shiro Oka (Hiroshima University Hospital)

[JKS2-2]

Diagnosis for Benign Diseases

Jun Woo Bong (Korea University Guro Hospital)

[JKS2-3]

Indications and Limitations of Treatment for Malignant Diseases

Naohisa Yoshida, Reo Kobayashi, Ken Inoue (Department of Endoscopy and Ultrasound, University Hospital, Kyoto Prefectural University of Medicine)

[JKS2-4]

Endoscopic diagnosis of malignant disease

Nina Yoo (Division of Colorectal Surgery, Department of Surgery, The Catholic University of Korea, St. Vincent's Hospital)

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[JKS2-1] Indications and Outcomes of Treatment for Abdominal Abscesses

Hidenori Tanaka, Shiro Oka (Hiroshima University Hospital)

Background: Abdominal abscesses are commonly managed by antibiotics, percutaneous drainage, or surgery. However, recent advances in therapeutic endoscopy have enabled internal drainage approaches. We present two cases in which endoscopic interventions were applied, highlighting the key indications and technical considerations.
Case 1: A 74-year-old man developed a localized abscess in the descending colon wall. Endoscopic ultrasonography (EUS) confirmed an intramural abscess. A direct mucosal incision was made using a needle-type knife, allowing spontaneous drainage of the purulent contents. The procedure was completed without complications, and the abscess resolved completely. This case demonstrates that direct endoscopic incision is a feasible option for intramural abscesses when the cavity is well-demarcated, protrudes into the lumen, and EUS confirms intramural location and vascular safety.
Case 2: A 23-year-old man with ulcerative colitis underwent ileal pouch-anal anastomosis, after which he developed a presacral sinus. Despite multiple interventions including CT-guided drainage, endoscopic clip closure and transanal surgery, the sinus persisted. Endoscopic sinusotomy was performed using an insulated-tip knife to open the sinus into the ileal pouch, allowing unification of them. This case demonstrates that endoscopic sinusotomy can be a first-line option in suitable cases, especially when a visible fistula is present and the sinus tract is short and accessible.
Conclusion: Endoscopic treatment offers a minimally invasive option for abdominal abscesses. When lesion location and characteristics are properly assessed, especially using EUS, these procedures can be performed safely and effectively in selected benign cases.

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[JKS2-2] Diagnosis for Benign Diseases

Jun Woo Bong (Korea University Guro Hospital)

A wide spectrum of benign colorectal lesions may be identified during colonoscopy, many with clinical importance for symptoms, surveillance, and differentiation from malignancy. The most common are colorectal polyps: adenomas (tubular, villous, tubulovillous) that are precancerous; hyperplastic polyps, small and pale in the distal colon; and sessile serrated lesions, subtle and mucus-covered in the proximal colon. Juvenile and hamartomatous polyps appear lobulated or pedunculated and may occur in syndromic contexts. Complete removal and histology-based surveillance are essential.
Inflammatory diseases include ulcerative colitis (continuous from rectum), Crohn's disease (skip lesions, cobblestoning), microscopic colitis (normal endoscopy, histology-based), eosinophilic colitis, ischemic colitis (segmental erythema/ulceration in watershed zones), radiation colitis (telangiectasia, strictures), and SCAD (localized sigmoid inflammation near diverticula).
Structural and other benign conditions include diverticulosis/diverticulitis, solitary rectal ulcer syndrome, melanosis coli, and pneumatosis coli. Vascular lesions encompass angiodysplasia, hemorrhoids, and rectal prolapse. Subepithelial lesions include lipomas, leiomyomas, duplication cysts, and rare endometriosis affecting the rectosigmoid.
Advanced imaging (high-definition, NBI, chromoendoscopy) enhances detection, enabling targeted biopsy, removal, and surveillance. Recognizing these diverse benign lesions ensures accurate diagnosis, tailored management, and improved outcomes.

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[JKS2-3] Indications and Limitations of Treatment for Malignant Diseases

Naohisa Yoshida, Reo Kobayashi, Ken Inoue (Department of Endoscopy and Ultrasound, University Hospital, Kyoto Prefectural University of Medicine)

With the widespread implementation of endoscopic screening, the early detection rate of colorectal cancer has significantly improved, and the role of endoscopic treatment is becoming increasingly important. For intramucosal cancers and superficially submucosal invaded cancer, endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD) have become widely adopted as minimally invasive alternatives to surgical resection. EMR is globally recognized as a standard technique; however, piecemeal resection has traditionally been a limitation for large or recurrent lesions. Recent advances such as underwater EMR and precutting EMR have improved the precision and outcomes of the procedure (Yoshida N, et al. Endoscopy 2019;51:871-6). On the other hand, ESD allows en bloc resection regardless of tumor size and provides an accurate pathological diagnosis, although it requires advanced skills and carries a risk of complications such as perforation and delayed bleeding. Nevertheless, the development of the pocket-creation method and traction devices has contributed to reducing the technical difficulty and procedure time, and the introduction of various endoscopic closure techniques has further decreased the risk of adverse events (Yoshida N, et al. Endoscopy 2025;57:354-60). Recently, even delayed perforation can be treated with endoscopic closure (Yoshida N, et al. Dig Dis Sci 2025;70:2404-13). In this presentation, we will provide an overview of current endoscopic techniques for colorectal cancer, their limitations, and future perspectives.

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[JKS2-4] Endoscopic diagnosis of malignant disease

Nina Yoo (Division of Colorectal Surgery, Department of Surgery, The Catholic University of Korea, St. Vincent's Hospital)

Endoscopic techniques are central to the diagnosis and management of colorectal cancer, the third most common malignancy worldwide. Colonoscopy remains the gold standard, allowing for direct visualization of the colonic mucosa, detection of early neoplastic lesions, and precise biopsy of suspicious areas. Recent advances such as high-definition colonoscopy, chromoendoscopy, and narrow-band imaging have enhanced the detection of subtle or flat lesions, improving early diagnosis rates. Endoscopic ultrasound further aids in local staging by assessing tumor invasion depth and regional lymph node involvement. These minimally invasive methods have significantly contributed to the reduction of colorectal cancer morbidity and mortality through early detection and intervention. Ongoing innovations in endoscopic imaging and artificial intelligence promise to further refine diagnostic accuracy and patient outcomes in colorectal cancer care.