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Sat. Nov 21, 2026 1:30 PM - 2:45 PM JST | Sat. Nov 21, 2026 4:30 AM - 5:45 AM UTC | Room 5 (1F 102)

Symposium 8 Cutting edge of endoluminal/ transanal surgery for colorectal cancer

Moderator: Kotaro Maeda (Himawari Seishinkai Izumi Clinic Medical Checkup Plaza, Japan), Motohiko Kato (Center for Diagnostic and Therapeutic Endoscopy, Keio University School of Medicine, Japan)

# [SY8-4] Technical Innovations and Outcomes of Endoscopic Submucosal Dissection for Colorectal Lesions Involving Diverticula

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Background
In recent years, ESD for tumors extending into colonic diverticula has been reported. However, technical challenges remain, including secure closure of perforations and prevention of specimen damage. Therefore, we evaluated the treatment outcomes and technical innovations of ESD performed at our institution.
Methods
This retrospective study was conducted at a tertiary referral center and included patients who underwent ESD for colorectal tumors involving diverticula, in which the diverticulum was included in the resection, between March 2013 and April 2026. Treatment outcomes and ESD-related adverse events were evaluated.
Results
A total of 22 patients were included, of whom 10 were male, with a median age of 76 years. Tumor locations were cecum/ascending colon/sigmoid colon in 2/17/3 cases, and macroscopic types were LST-G/NG/0-I in 7/10/5 cases. The median tumor and specimen sizes were 21 (10–52) mm and 32 (15–60) mm. Histological diagnoses were adenocarcinoma/adenoma/SSL/HP in 16/3/2/1 cases.
The median procedure time was 60 (20–200) minutes. A traction band was used in 13 cases, and the water pressure method (WPM) in 17 cases. Myotomy proximal to the diverticulum was performed in 6 cases to enlarge the diverticular space, thereby helping to prevent bleeding and specimen damage. All defects were successfully closed, using the reopenable clip-over-line method in 1 case and a dual-action tissue clip in 4 cases. CT was performed immediately after ESD in 21 cases, and extraluminal air was detected in 16 cases. No patients required emergency surgery. Localized peritonitis occurred in 4 cases, all of which were resolved with conservative management. No postoperative bleeding or delayed perforation occurred. En bloc, R0 and curative resection rates were 100%, 91%, and 91%, respectively. All cases undergoing myotomy achieved R0 resection.
Conclusions
ESD for colorectal lesions involving a diverticulum appears to be an effective and safe treatment option when performed with appropriate adjunctive techniques, including WPM, short myotomy, and reliable defect closure.

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