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ENDOSCOPIC SUBMUCOSAL DISSECTION AS A TREATMENT FOR EARLY CANCER. OUR EXPERIENCE

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For the first time the concept of "early cancer" in Russia (in St. Petersburg) was brought from Japan in 2005. The number of completed endoscopic mucosal resection (EMR) from 2005 to 2010 amounted to about 130 procedures. At first, we were very cautious about the selection of patients. For EMR, we selected patients with adenoma, with high grade neoplasia and within the mucosal adenocarcinoma. 90 EMR procedures were performed in the large intestine, 35 of them were EPMR (piecemeal resection) in neoplasms larger than 2 cm in diameter. The number of relapses was 25%. All these patients were re-performed EMR. The number of complications at 90 EMR in the colon was 2 deferred perforations that required surgical treatment and one delayed bleeding that occurred on the 7th day after EMR. In the stomach, we performed 40 EMR; the indications were the same and also the neuro-endocrine tumors. There were only 2 complications of this perforation of the stomach wall against the background of atrophic changes, these patients were operated on. The size of the formations did not exceed 2 cm. Relapse was observed in only one case, but we managed independently by re-EMR. Simultaneously with the accumulation of experience and improvement of manual skills in 2008, the technique of endoscopic sub mucosal dissection (ESD) begins to develop. By 2013, we performed 51 ESDs, 48 in the stomach and three in the colon. For comparison, in 2008 there were only 3 ESDs per year and in 2013 about 20. Indications for ESD were adenocarcinoma with Sm1a invasion, low-grade adenocarcinomas within the mucous to 2 cm in diameter. At the same time there were only three relapses due to careful selection of patients, the development of manual skills through the creation of training to achieve the number of performed ESD and this to fairly good results of treatment.

Biography

V Malkov has graduated from the St. Petersburg Pediatric Medical Academy in 2006. In 2007, he completed the internship for general surgery at the First Pavlov Medical University and received primary training in Endoscopy. He worked as an Endoscopist Surgeon in the Leningrad Regional Hospital from 2007 to 2013. Since 2013, he served as the Head of the Department of Endoscopy in the clinic of high medical technologies named after NI Pirogov. He is an Assistant of the Department of Endoscopy of the North Western State Medical Mechnikov University. He is a permanent expert of the training center of the company Endo Stars (training on biomodels for endoscopists). He has nine publications in Russian Medical journals.

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