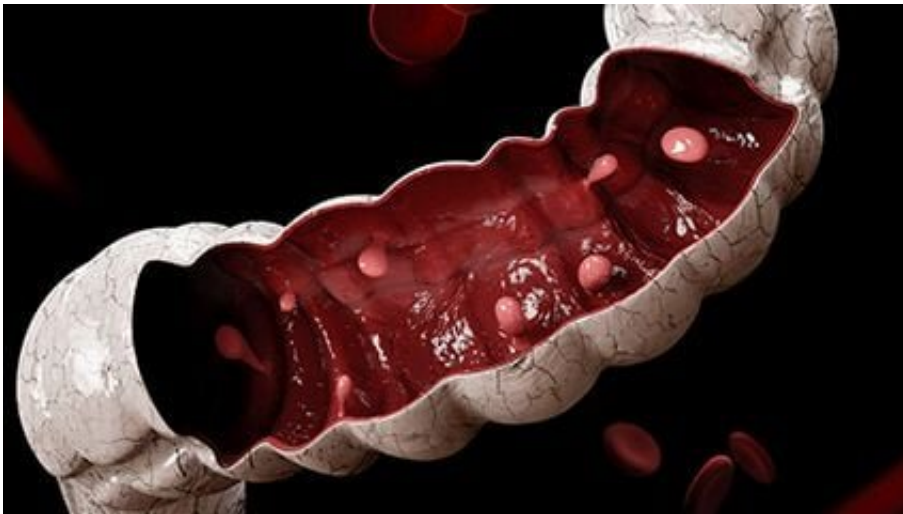


Less recurrence seen with endoscopic submucosal dissection of large lesions

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For patients with large benign colonic lesions, endoscopic submucosal dissection (ESD) is associated with reduced recurrence at six months compared with endoscopic mucosal resection (EMR), according to a study published online Dec. 12 in the *Annals of Internal Medicine*.

Jérémie Jacques, M.D., Ph.D., from Service d'Hepato-Gastro-Enterologie in Limoges, France, and colleagues compared ESD and EMR for large colonic adenomas in a multicenter study involving six French referral centers. Patients with large (≥ 25 mm) benign colonic lesions referred for [resection](#) were randomly assigned to ESD or EMR

(178 and 182 patients, respectively). The primary end point was six-month local recurrence.

The researchers found that in the primary analysis set, which included 318 lesions in 318 [patients](#), recurrence occurred after 0.6 and 5.1 percent of 161 ESDs and 157 EMRs, respectively (relative risk, 0.12).

After ESD, there were no recurrences observed in R0-resected cases. There were more adverse events after ESD than EMR (35.6 versus 24.5 percent; relative risk, 1.4).

"Patients and physicians should be aware of these study results not only to know when to choose [endoscopic resection](#) instead of surgery but also to choose the endoscopic resection strategy that best fits the patient according to the lesion, the acceptance of follow-up colonoscopy, and the available expertise at the center," the authors write.

More information: Jérémie Jacques et al, Endoscopic En Bloc Versus Piecemeal Resection of Large Nonpedunculated Colonic Adenomas, *Annals of Internal Medicine* (2023). [DOI: 10.7326/M23-1812](https://doi.org/10.7326/M23-1812)

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