Our center's experience in performing endoscopic submucosal dissection (ESD) for early gastric cancers by the help of a japanese gastrointestinal endoscopist.

Abstract

Background: (ESD) was introduced in Japan as an alternative minimally-invasive technique to EMR to allow en bloc resection of early GIT lesions. The only drawback of ESD may be the time needed which may extend to 5 hours in some cases, complications as bleeding, perforation & in the esophagus strictures.

Outcome measures:
To explore the efficacy & safety of ESD in removing early discovered gastric cancers in 3 patients in our center, as the first trial of carrying out ESD for early gastric cancer in the Middle East.

Methods:
Three patients were diagnosed endoscopically, using chromoendscopy & narrow band imaging, to have early gastric neoplasia & the decision was done to carry out ESD for en block resection of these tumors using insulated tip knife after delineating the lesions boundaries by argon plasma coagulator & raising the lesions by submucosal injection of hyalouronic acid & Indigo carmine. The procedure was under conscious sedation using Medazolam & tramadol.

Results:
The procedure time was from 1 - 3 hour. No perforation had occurred & the bleeding was dealt with using the usual endoscopic haemostatic measures. Follow up endoscopies the second day, after one week then monthly revealed no recurrence. The Histopathology result was severe dysplasia in the first 2 cases & adenocarcinoma in the 3rd case without submucosal invasion.

Conclusion:
ESD for end block resection of early gastric tumors can be done successfully in the developing countries like ours by seeking help from experienced gastrointestinal endoscopist from developed countries like Japan through building partnership with the gastroenterology centers in those countries.