Avoiding major surgery and improving quality of life in patients with early rectal cancer

Endoscopic submucosal dissection of rectal lesions

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Rectal polyps

Multimodal endoscopic evaluation

Morphology
Rectal polyps

Morphology

Magnification

Colonoscopic ultrasound

Magnification
### Rectal polyps

<table>
<thead>
<tr>
<th>Morphology</th>
<th>Colonoscopic ultrasound</th>
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<tbody>
<tr>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
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<table>
<thead>
<tr>
<th>Magnification</th>
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<td><img src="image3.png" alt="Image" /></td>
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### Pit pattern classification

- **IIIs**: ![Image](image4.png)
- **IIIi**: ![Image](image5.png)
- **IIIv**: ![Image](image6.png)
- **IV**: ![Image](image7.png)
- **V**: ![Image](image8.png)
- **Vn**: ![Image](image9.png)
Vascular pattern classification

- Normal
- Faint
- Dense
- Sparse
- Irregular

20 MHz ultrasound
Using endoscopic submucosal dissection as a routine component of the standard treatment strategy for large and complex colorectal lesions in a western tertiary referral unit.
Magnification/cromoendoscopy + NBI
- Morphology
- Size and location
- PI pattern
- Vascular pattern
- Fiberscopic

LST G
- Regular
- Scarred/SM fibrosis
- SM invasion
- No SM invasion

ESD, en bloc
- ESD (preferably) or Hybrid ESD
- Ensure resection is not sustained

LST G non-penetrating

EMR or pEMR