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Wide-field endoscopic submucosal dissection for whole-antral and whole-incisura gastric multifocal dysplasia

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Gastric endoscopic submucosal dissection (ESD) is applied for early gastric cancer (<3 cm) or isolated visible lesions with dysplasia [1]. In this report, we describe whole-antral and whole-incisura ESD applications for the resection of diffuse enteric metaplasia with multifocal dysplasia.

In case 1, an 80-year-old male underwent EGD for dyspepsia, and was found to have diffuse irregularity of the gastric incisura (Paris IIa+IIb) creeping towards the pylorus and the anterior and posterior wall of the antrum (Fig. 1). Low-grade dysplasia was detected in mucosal biopsies. ESD with dynamic clip and band countertraction [2] was performed and the abnormality was excised. The specimen measured 7.6 cm × 7 cm in size, and histopathology demonstrated multifocal low and high-grade dysplasia with negative margins.

In case 2, a 60-year-old male was found to have a low grade dysplastic lesion at the lesser curvature, extending towards the incisura and proximal antrum. Multifocal clip and band ESD was applied [2], and the lesion was excised *en bloc* (Fig. 2). The specimen, measuring 7 cm × 7 cm, harbored multifocal low-grade dysplasia with negative margins. Both patients were hospitalized for 24 hours and had an uneventful recovery.

These two cases illustrate the feasibility of wide-field whole-antral and whole-incisura ESD for extensive dysplastic areas. Despite the necessity for technical expertise, this technique can be facilitated by the application of ancillary techniques, such as dynamic and multifocal countertraction, as previously described by our team [2,3]. *En-bloc* resection offers obvious advantages in terms of decreasing recurrence risk, and obviating repeat interventions.

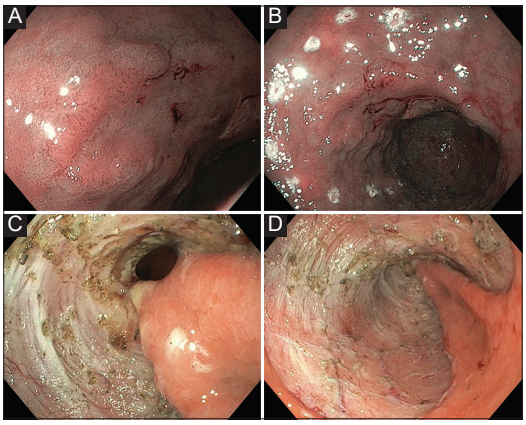

Figure 1 Case 1. (A) Narrow-band imaging of a Paris IIa+IIb dysplastic lesion of the incisura. (B) Marking of the left part of the lesion. (C, D) Extensive resection of the mucosa covering the antrum and incisura

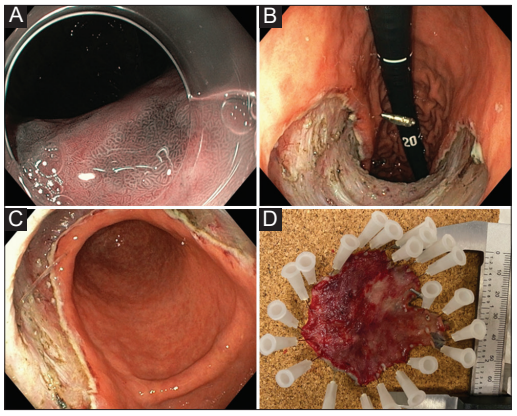

Figure 2 Case 2. (A) Multifocal dysplasia of the incisura (Paris IIb). (B, C) Extensive mucosal resection of the lesser curvature. (D) Specimen

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Conflict of Interest: None

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