

The analysis of adverse events in Endoscopic Submucosal Dissection compared with Endoscopic Mucosal Resection in Early Gastric Cancer.

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BACKGROUND: Early gastric cancer is an invasive cancer that does not disseminate beyond the submucosa, regardless of lymphnode involvement. This disease has a good prognosis, especially when associated with endoscopic treatment. The Endoscopic Submucosal Dissection (ESD), developed in Japan, has been recognized as a more efficient technic when compared to the Endoscopic Mucosal Resection (EMR), especially when a block resection is done, no mattering the lesion size, form, coexisted ulcer and location. However, the ESD demands deeper endoscopy knowledge due to its higher level of difficulty, which can lead to serious complications.

HYPOTHESIS: To analyze the major complications caused by the Endoscopic Submucosal Dissection treatment in early gastric cancer.

Methods: It was done a retrospective study in the following databases: Pubmed, SciELO, using as keywords "early gastric cancer", "gastric cancer", "endoscopic submucosal dissection", "endoscopy mucosal resection", "cancer treatment" between years 2010 and 2015.

RESULTS. Among the major complications, the most important are: 1. bleeding and/or perforation, which can occur both during surgery and in the postoperative state; 2. stenosis, 3. venous thromboembolism, and 4. aspiration pneumonia. Several studies have proven the efficiency of ESD. Despite being more effective when compared to EMR, it has a higher cost and greater chance of adverse events. Incidence rate of bleeding and perforation are high. Bleeding is important because of the difficulty of its control and the consequences to the patient. It can be controlled by electrosurgical coagulation, hemostatic forceps, suture endoclips or laparotomy. The incidence of perforation varied between 1,2 and 8%. Risk factors for its development are the location (upper third of the stomach) and tumor diameter (> 2 cm), presence of ulceration and long operating time. Stenosis occurs during the healing process. It usually is a consequence of semi-circular resections bigger than 75% in the pylorus, antrum and cardia. Venous thromboembolism and aspiration pneumonia are directly linked to predisposing patient factors and prolonged time procedure

CONCLUSION. Despite the adverse events that occur in the submucosa endoscopic dissection, this procedure has still been showing to be very effective and safe in the studies analyzed. However, more studies are needed in the future.