



Hospital Universitario
Puerta de Hierro
Majadahonda

VEDITION INTERNATIONAL **ESD LIVE MADRID 2017**

CLINICAL & HANDS-ON COURSE

OCTOBER 2nd - 3rd 2017

Puerta de Hierro University Hospital Majadahonda-Madrid

HUMAN CASES FINAL SUMMARY

MONDAY

2ND OCTOBER 2017

CASE 01

Room 271

Endoscopist: Dr. YAHAGI

- Female, 59yo
- Smoker, HTN

• **ESOPHAGEAL PAPILLOMA**

- Circumferential flat lesion affecting from 28 to 38cm from incisors.
- No signs of deep submucosal invasion.
- Biopsies: non-dysplastic papilloma.
- No previous treatment.

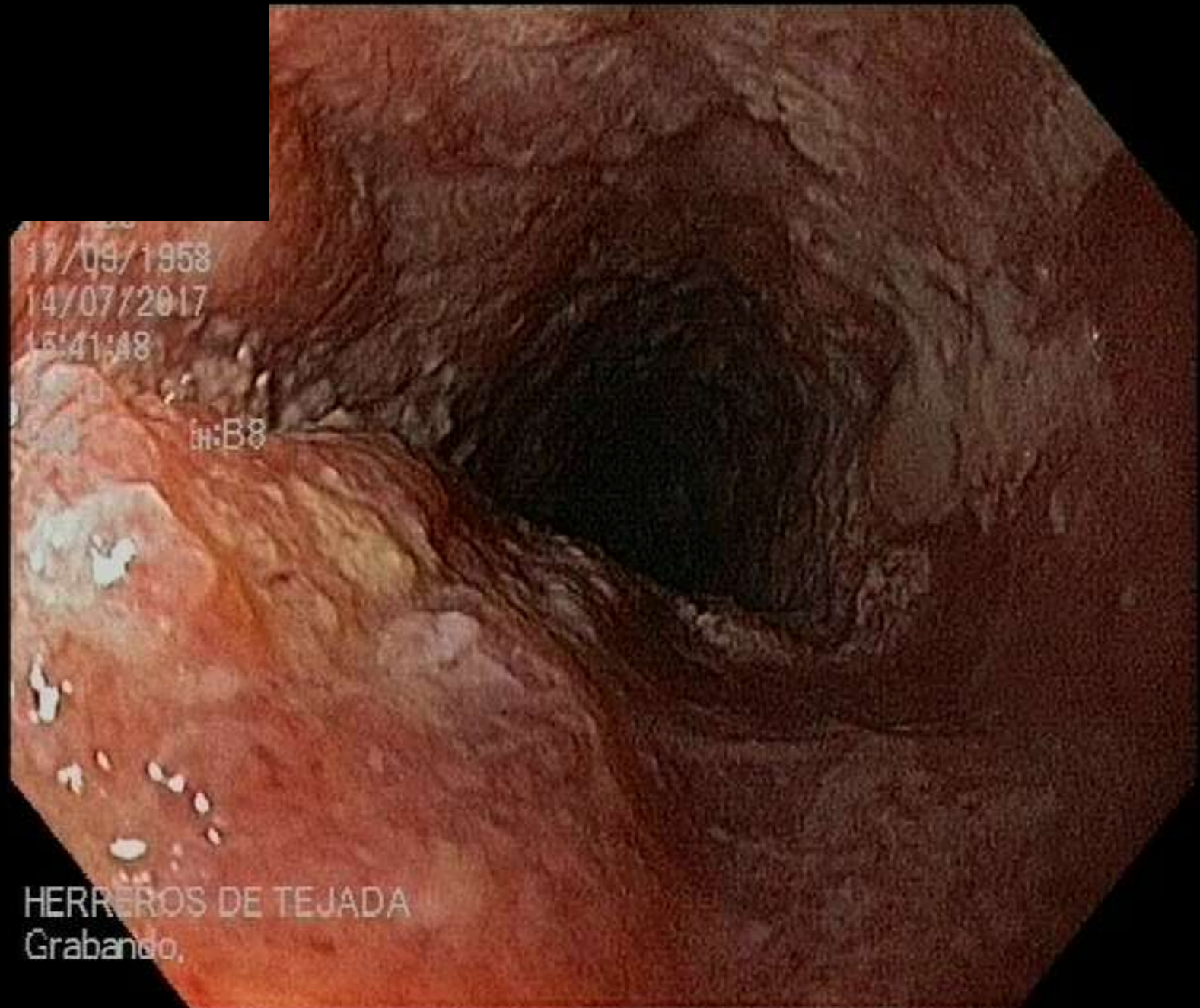
Aim:

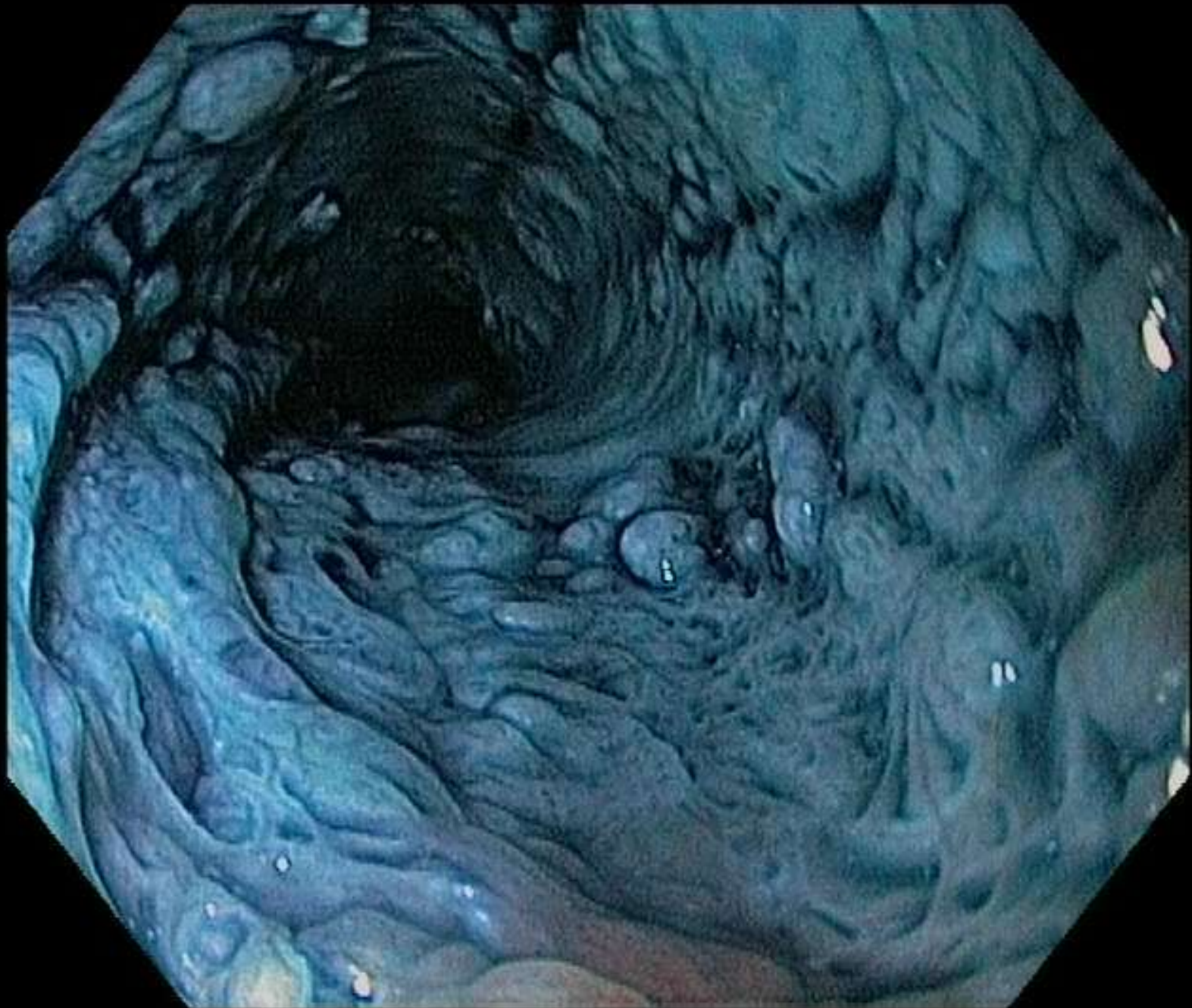
CIRCUMFERENTIAL ESD FOR EN-BLOC RESECTION

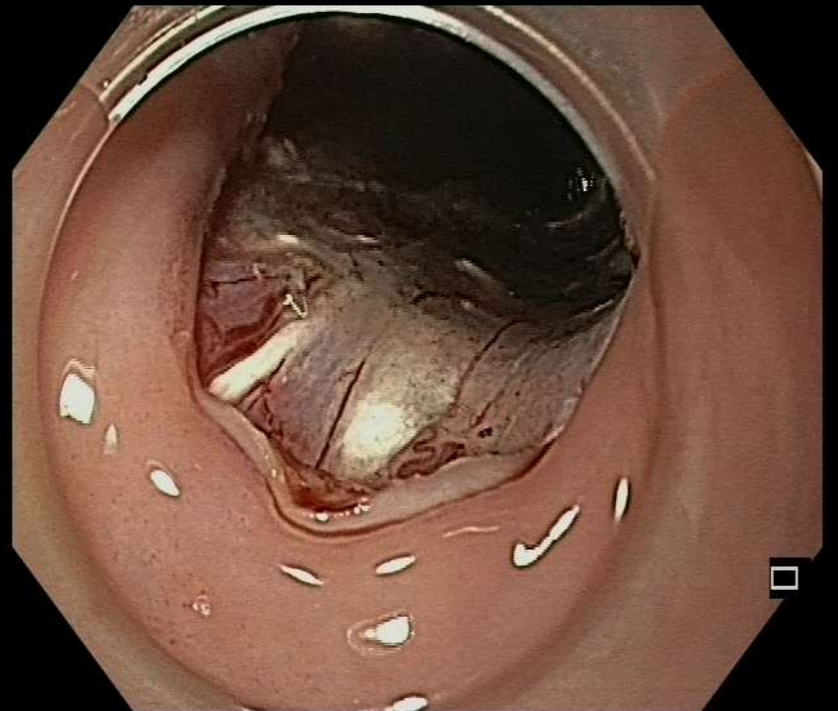
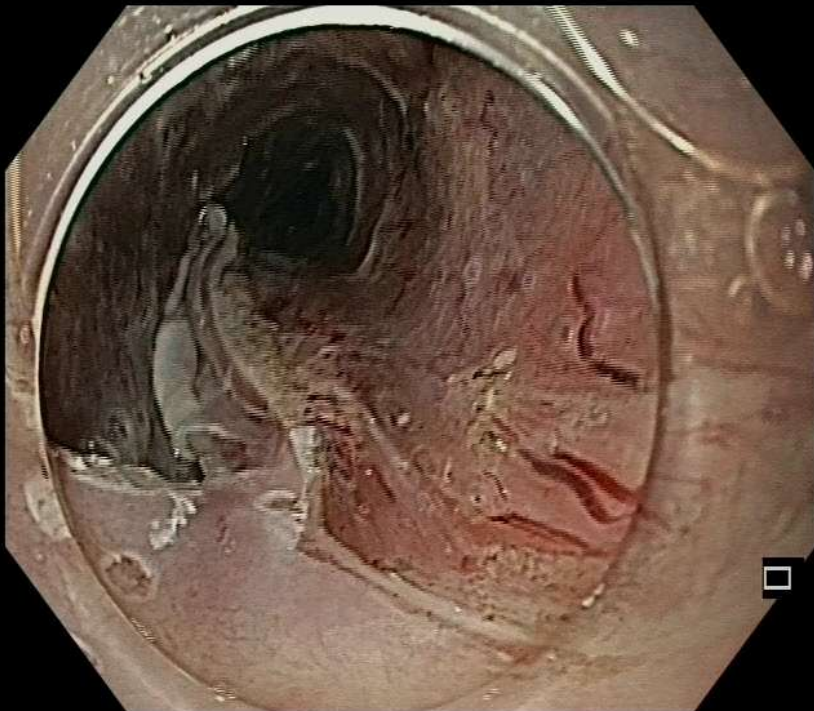
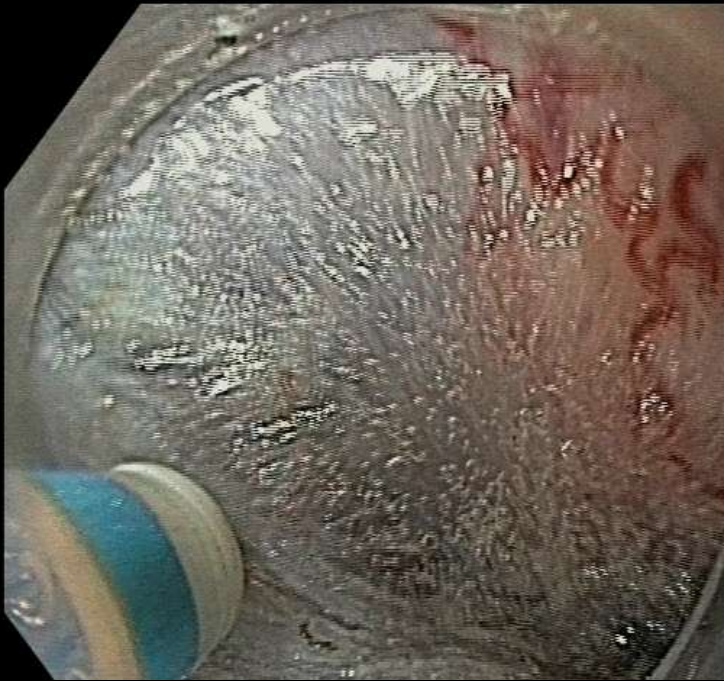
17/09/1958
14/07/2017
15:41:48

III:B8

HERREROS DE TEJADA
Grabado,







- Intervention:

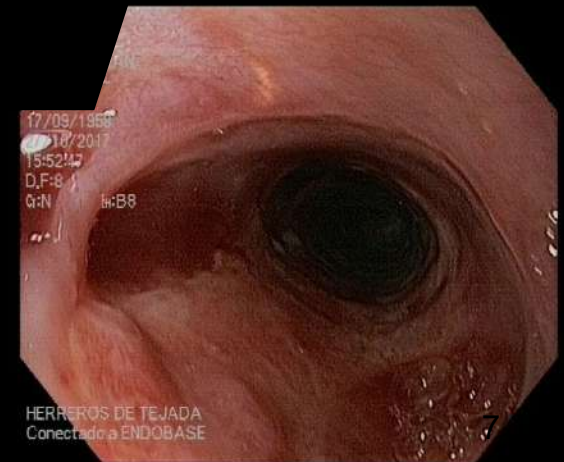
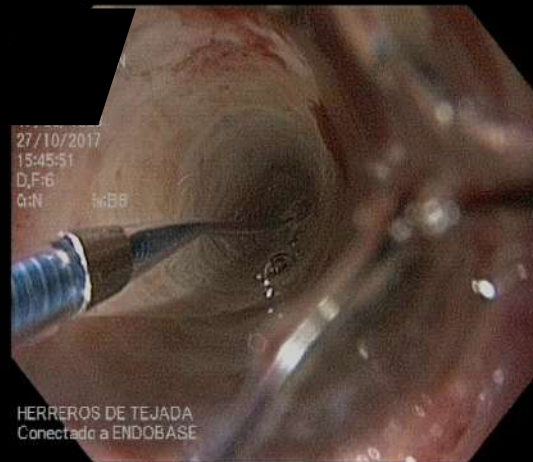
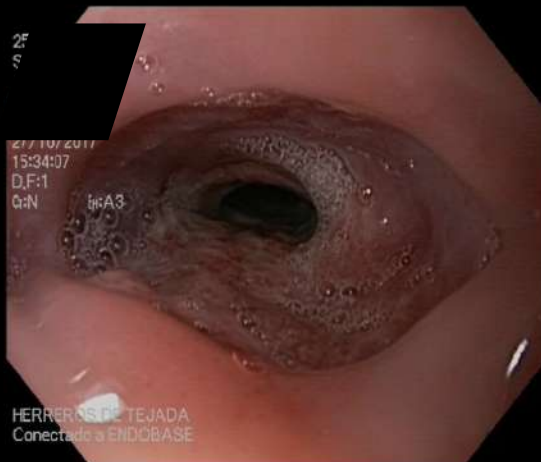
En bloc resection with no complications

- Pathology report:

High grade dysplasia (carcinoma in situ)
Resections margins without dysplasia (R0)

- Clinical Outcomes:

Post-ESD severe stricture under balloon dilation treatment (7 sessions performed so far).



CASE 02

Room 272

Endoscopist: Dr. TOYONAGA

- Male, 85yo
- HTN, chronic kidney disease
- **EARLY GASTRIC NEOPLASIA**
 - Large 0-IIa+Is lesion (about 12x12cm) extending from cardia to proximal gastric body.
 - Atrophic gastritis
 - No signs of deep submucosal invasion.
 - Biopsies: adenoma with low grade dysplasia.
- Aim:
ESD FOR EN-BLOC RESECTION

M

04/09/2017

11:13:43

D.F:1

Gr:N

Im:A5

20

HERREROS DE TEJADA
Grabando.

- Intervention:

ESD not performed taking into consideration patient's age and comorbidities, high technical difficulty of the case and excessive risk of complications.

CASE 03

Room 273

Endoscopist: Dr. URAOKA

- Female, 57yo
- No relevant clinical history
- **LST-G HOMOGENEOUS (0-IIa)**
 - Rectum (between 8 and 15cm from the anus)
 - 75x100mm, affecting 75% circumference
 - No signs of deep submucosal invasion
 - No previous biopsies
- **Aim:**
ESD FOR EN-BLOC RESECTION

An endoscopic view of the colon. The mucosal surface is visible, showing a network of blood vessels. A prominent, polypoid lesion is seen in the center of the frame, characterized by a lobulated, cauliflower-like appearance. The lesion is reddish and protrudes from the mucosal surface. The surrounding mucosa appears normal with a typical vascular pattern.

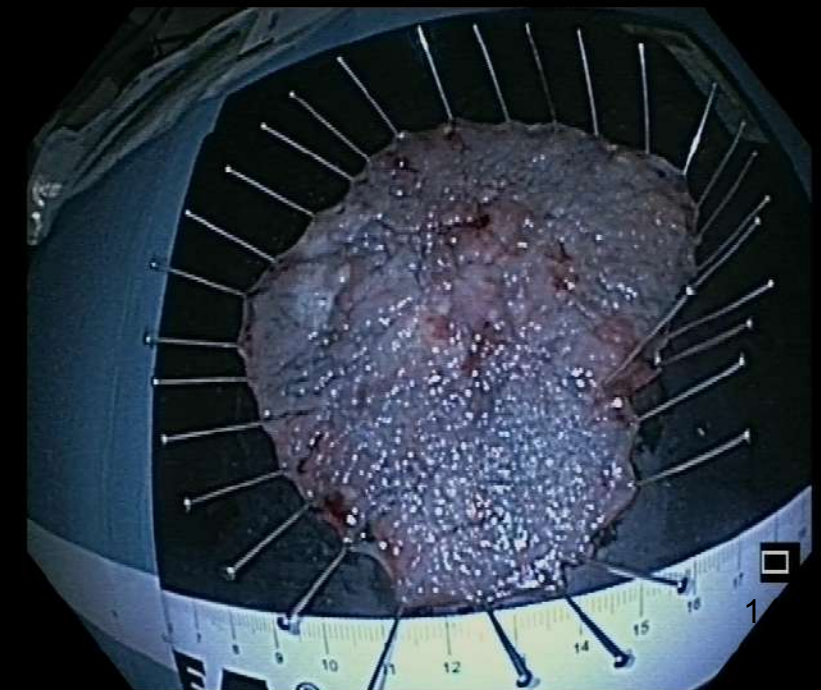
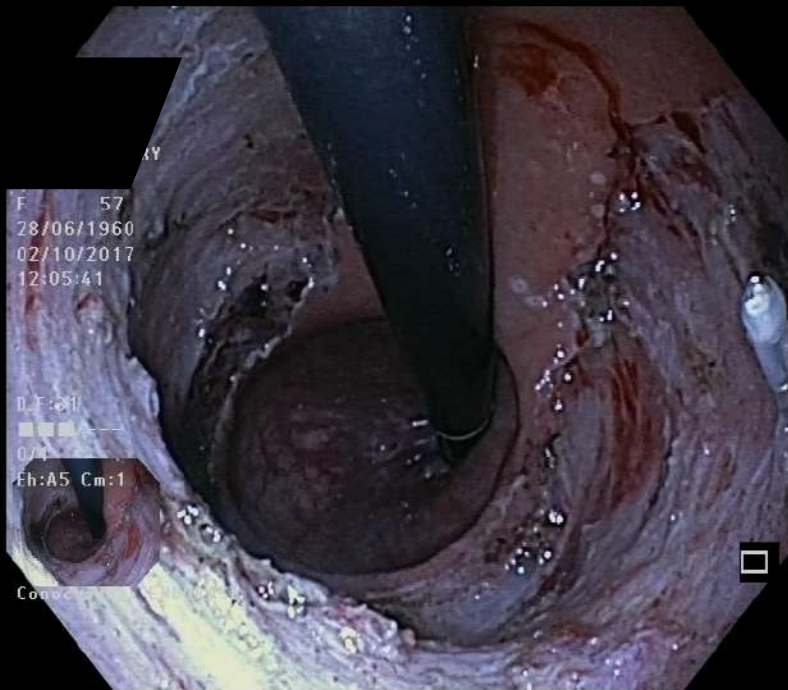
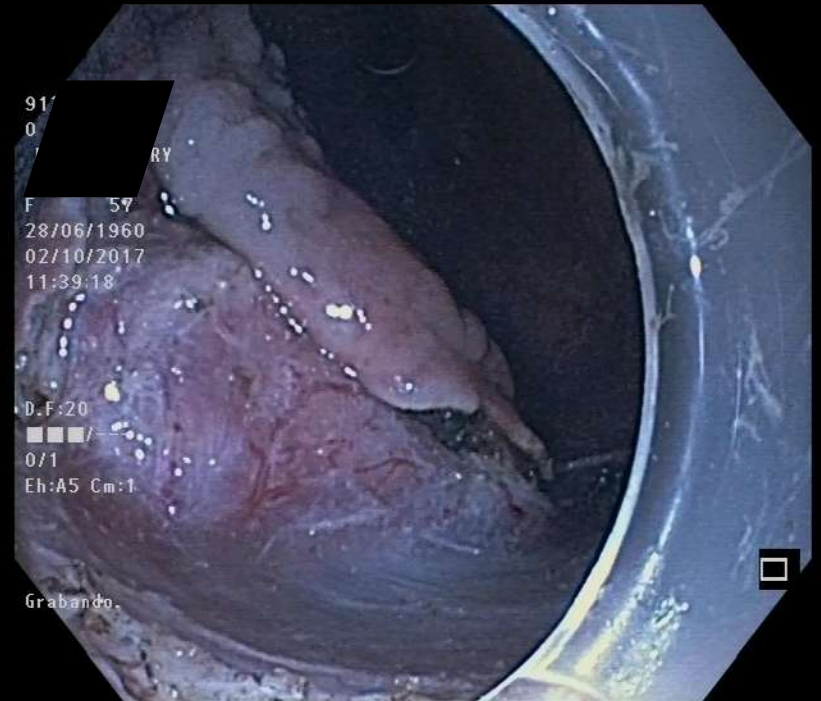
F 56
28/06/1960
06/04/2017
21:35:05
D,F:7
C:B III:A5

SANTIAGO GARCÍA, JOSÉ
Grabando,

An endoscopic view of a brain lesion. The lesion is a large, lobulated, reddish-brown mass with a central area of necrosis or hemorrhage. It is surrounded by a thick, yellowish, fibrinous capsule. The surrounding brain tissue is visible, showing a normal gyral pattern. The image is captured in a circular field of view, typical of an endoscope.

F 56
28/06/1960
06/04/2017
21:31:22
D.F:4
C:B H:A5

SANTIAGO GARCÍA, JOSÉ
Grabando,



- Intervention:

En bloc resection with no complications

- Pathology report:

Adenocarcinoma

- Deep submucosal invasión (pT1b)
- Deep margin affected (R1)
- Tumour budding +
- Vascular invasion (V+)

- Clinical Outcomes:

Patient underwent a low anterior resection with no complications.

Pathology report: Adenocarcinoma pT1 pN1a (1/44) cM0 (stage IIIA). No microsatellite instability detected.

Adjuvant chemotherapy x6 months completed.

CASE 04

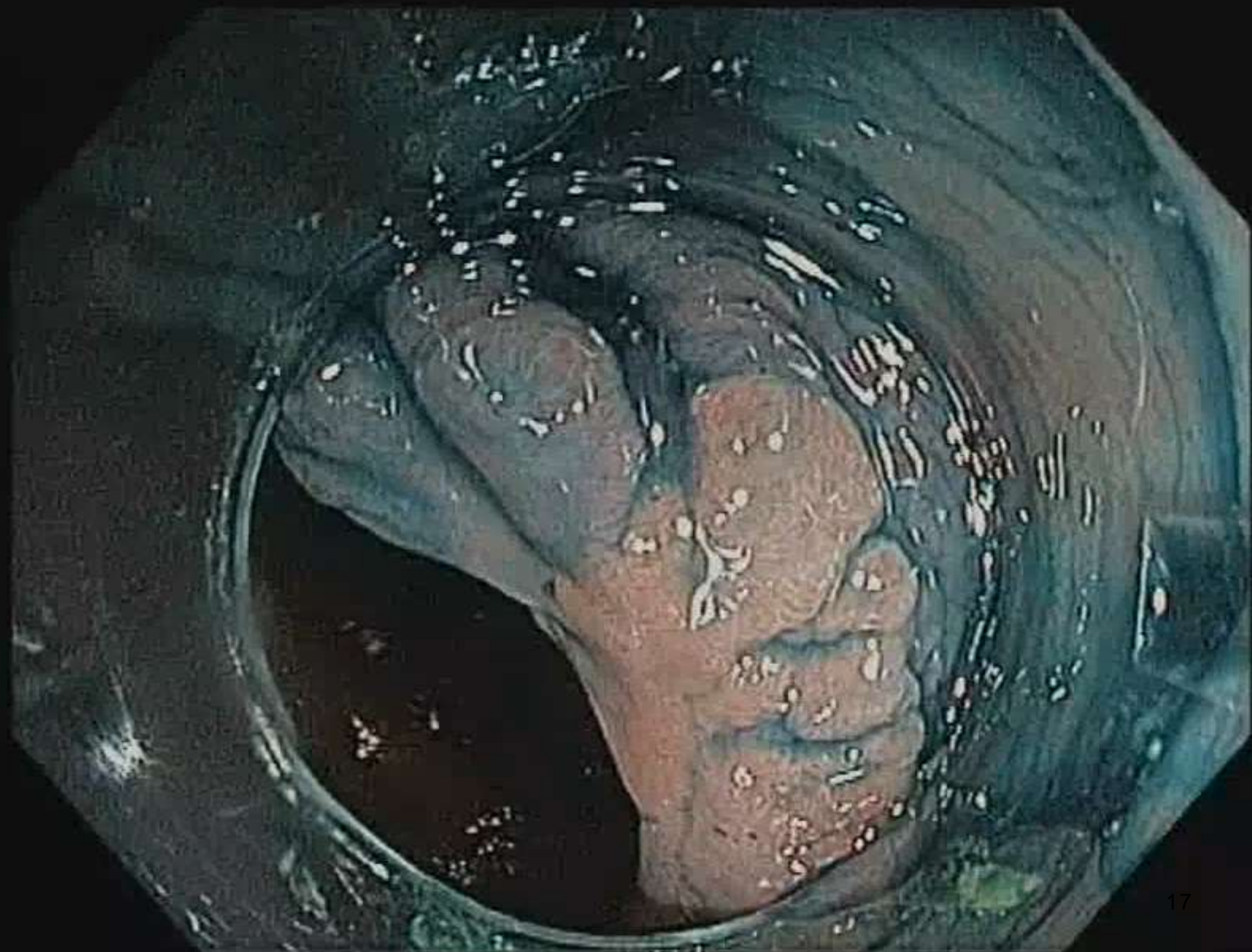
Room 271

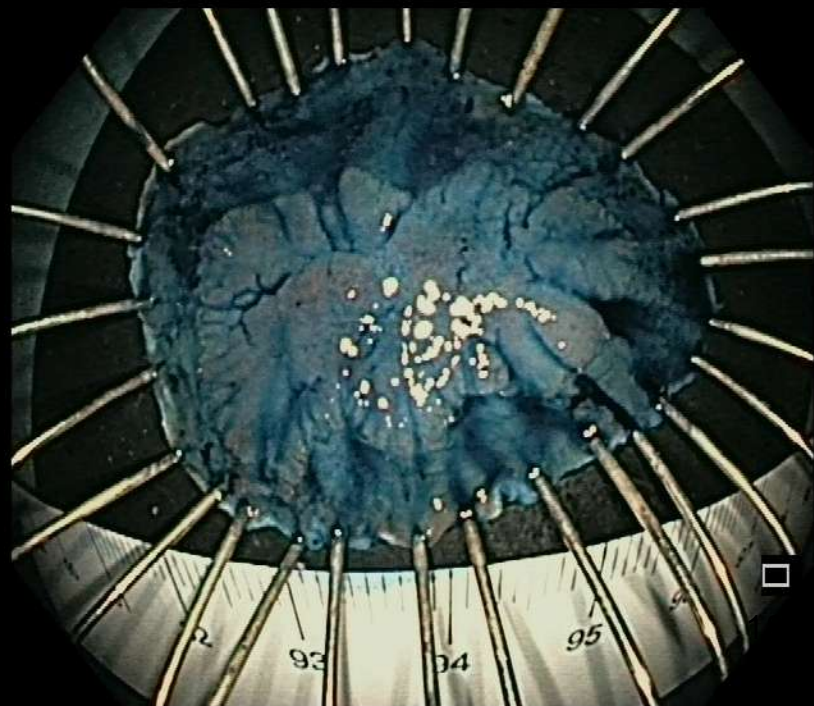
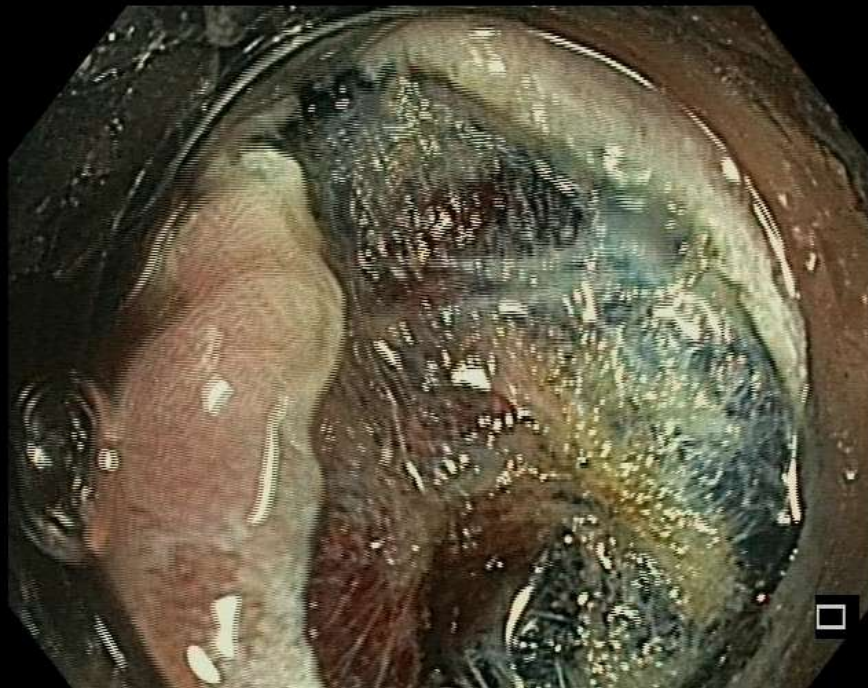
Endoscopist: Dr. YAMAMOTO

- Male, 81yo
- Billroth II gastrectomy for peptic disease, Prostate adenocarcinoma, Autoimmune hepatitis. Aspirin discontinued (PP).
- Previous ESD for a LST-NG 25mm in ascending colon (adenoma with low grade displasia, R0).
- **LST-NG (0-IIa) 25 x 20mm**
 - Ascending colon
 - Retraction signs suggesting severe fibrosis. No signs of deep submucosal invasion
 - No previous biopsies

- Aim:

ESD FOR EN-BLOC RESECTION





- Intervention:

Challenging procedure due to the presence of severe fibrosis (F2). En bloc resection achieved.

- Pathology report of ascending colon lesion:

Tubular adenoma with high grade dysplasia.

Resections margins without dysplasia (R0)

- Clinical Outcomes:

Asymptomatic. No delayed complications were registered

CASE 05

Room 271

Endoscopist: Dr. YAMAMOTO

- Male, 76yo
- Severe aortic stenosis, severe ischemic heart disease.
- Aspirin 100mg

- **LST-GH (0-IIa) 25mm**
 - Cecum
 - No signs of deep submucosal invasion
 - No previous biopsies

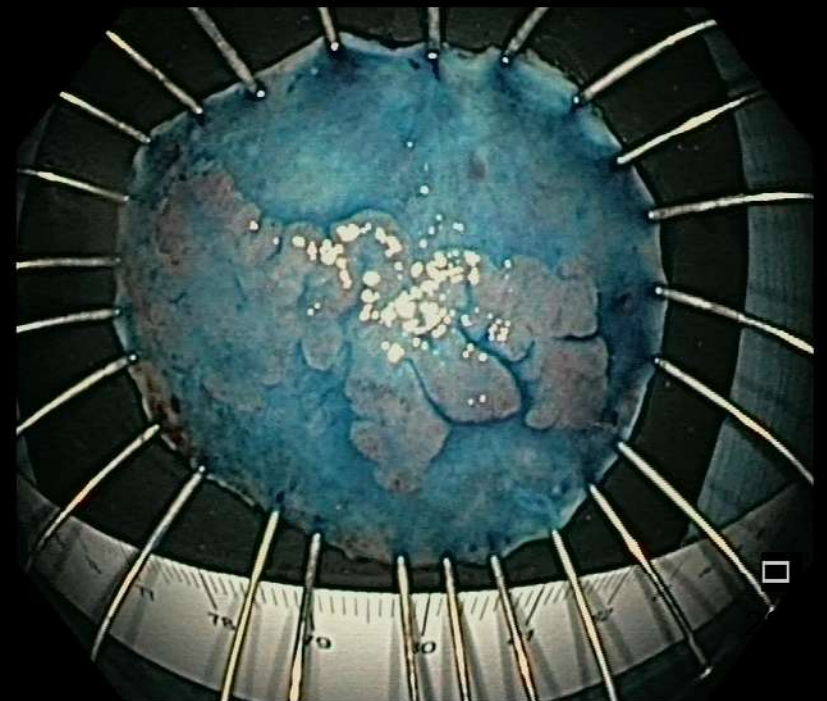
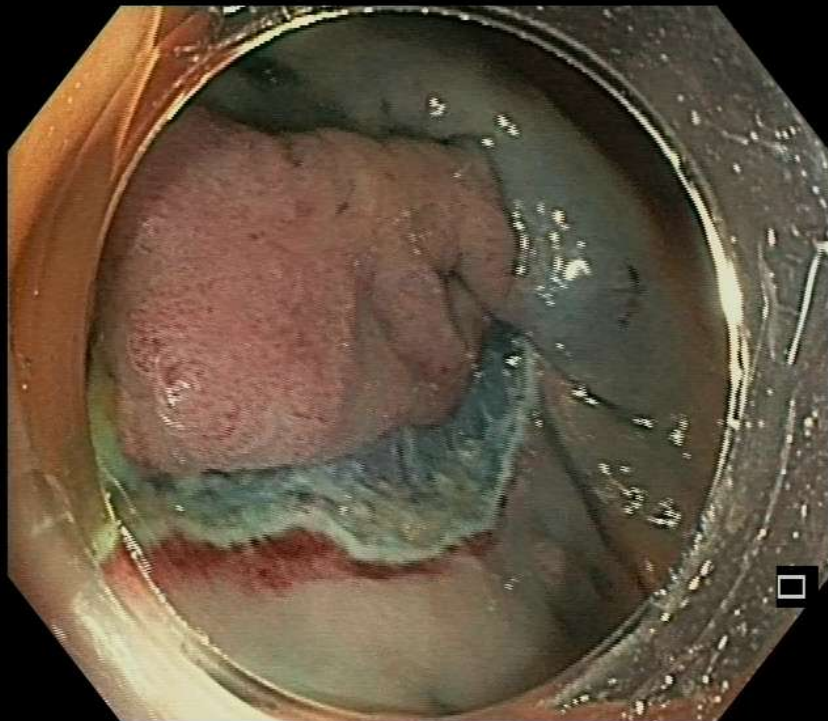
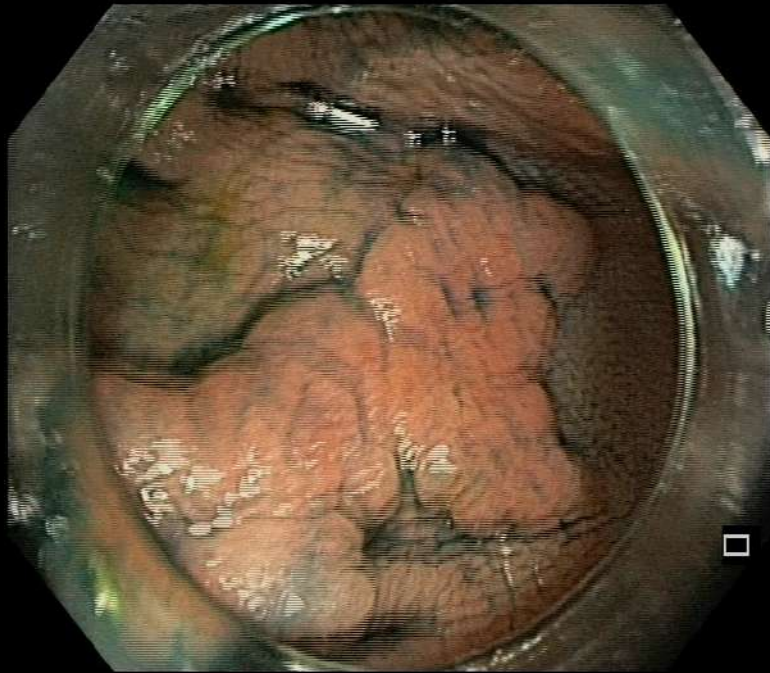
- **Aim:**
ESD FOR EN-BLOC RESECTION

A microscopic image of a tissue section, likely from the prostate, stained with hematoxylin and eosin (H&E). The image shows several glandular units with irregular, crowded architecture. The glands are lined by a layer of cells, and the lumens contain varying amounts of secretory material. The surrounding stroma is fibromuscular. The overall appearance is consistent with a diagnosis of prostatic adenocarcinoma.

M 75
30/08/1941
29/12/2016
20:19:41
D,F:4
G:B

Et:A3

SANTIAGO GARCÍA, JOSÉ
Grabando.



- Intervention:

En bloc resection achieved.

Iatrogenic microperforation successfully treated with two endoclips.

Admitted for IV prophylactic antibiotics and discharged 24 hours later due to his good response to the treatment.

- Pathology report:

Tubular adenoma with low grade dysplasia.

Resections margins without dysplasia (R0)

- Clinical Outcomes:

Asymptomatic. No delayed complications were registered

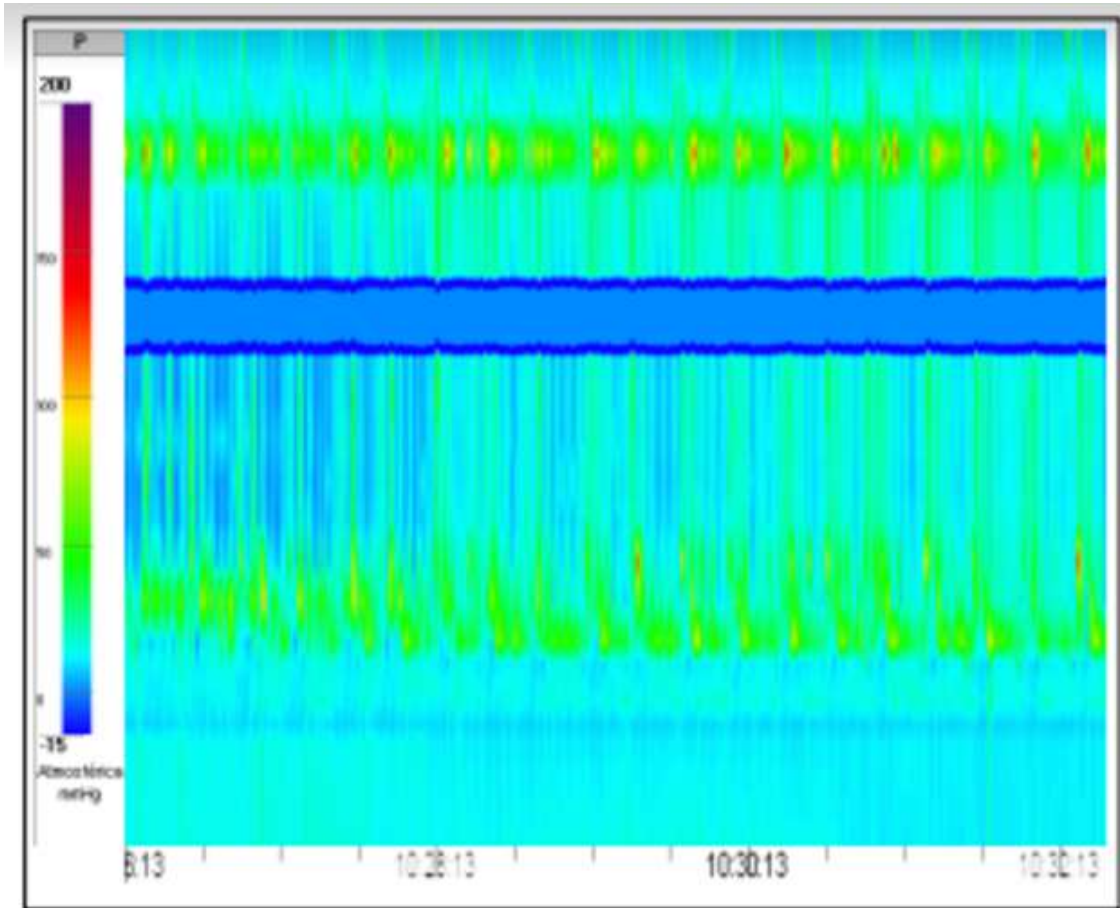
CASE 06

Room 272

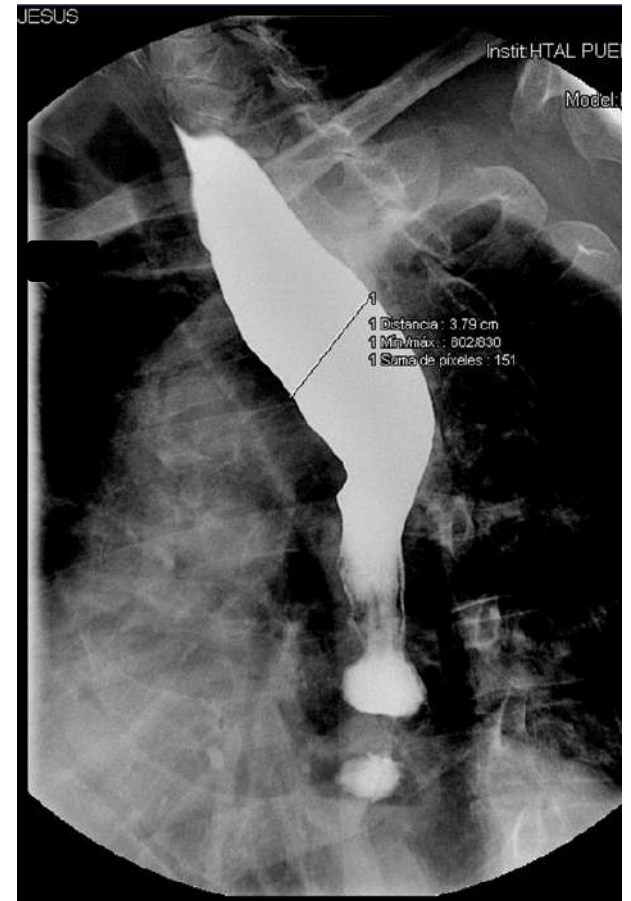
Endoscopist: Dr. TANAKA

- Male, 74yo
- Hypertensive heart disease, severe COPD. Billroth II gastrectomy due to perforated peptic ulcer.
- **Type 3 refractory Achalasia**
 - Vigorous achalasia diagnosed in 2009
 - Previous treatments (another institution):
 - Nifedipine
 - Endoscopic dilations (x3, 2016)
 - Botulinum toxin injection (Dec 2016)
 - Dysphagia for solids and occasionally liquids
 - Eckardt score: 5; GERD-Q score: 11
- **Aim:**
PER-ORAL ENDOCOPIC MIOTOMY (POEM)

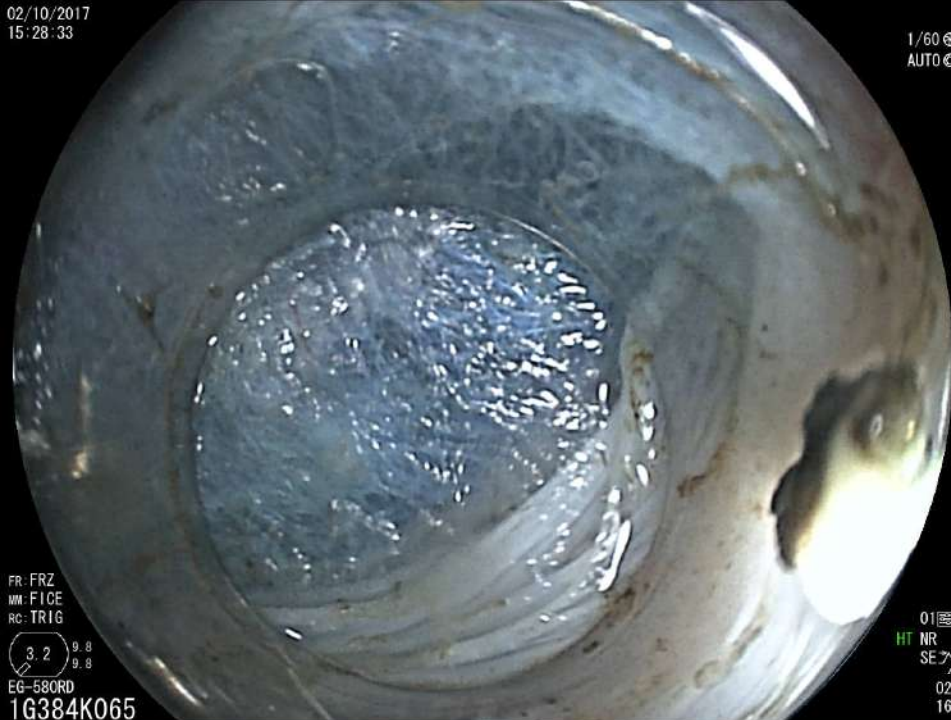
-Before:



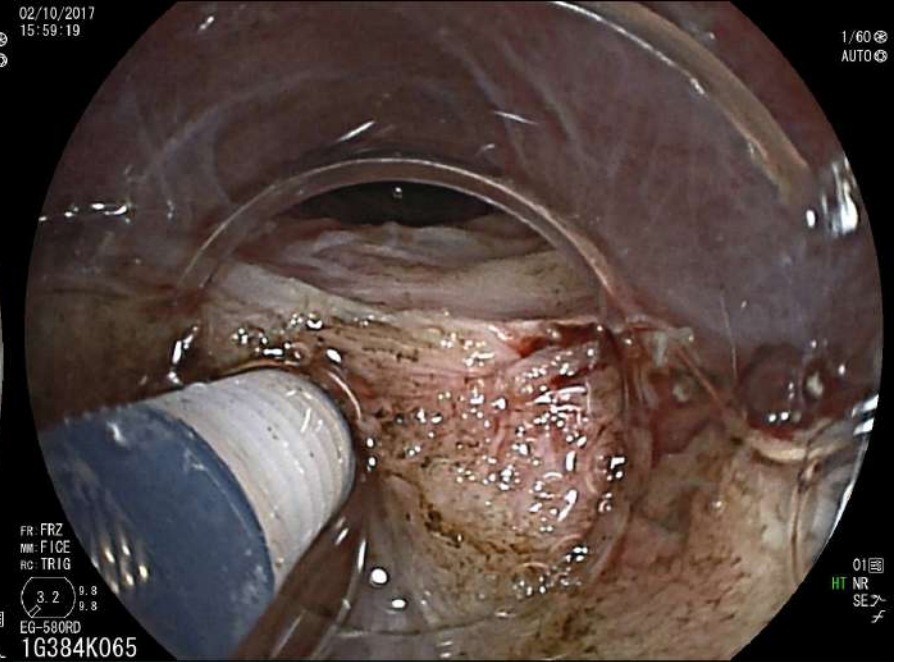
LOWER ESOPHAGEAL SPHINCTER WITH NORMAL PRESSURE (UPPER LIMIT) AND ABSENCE OF RELAXATIONS



ESOPHAGEAL DILATION (37MM) WITH IRREGULAR MORPHOLOGY AND POOR BARIUM CLEARANCE.

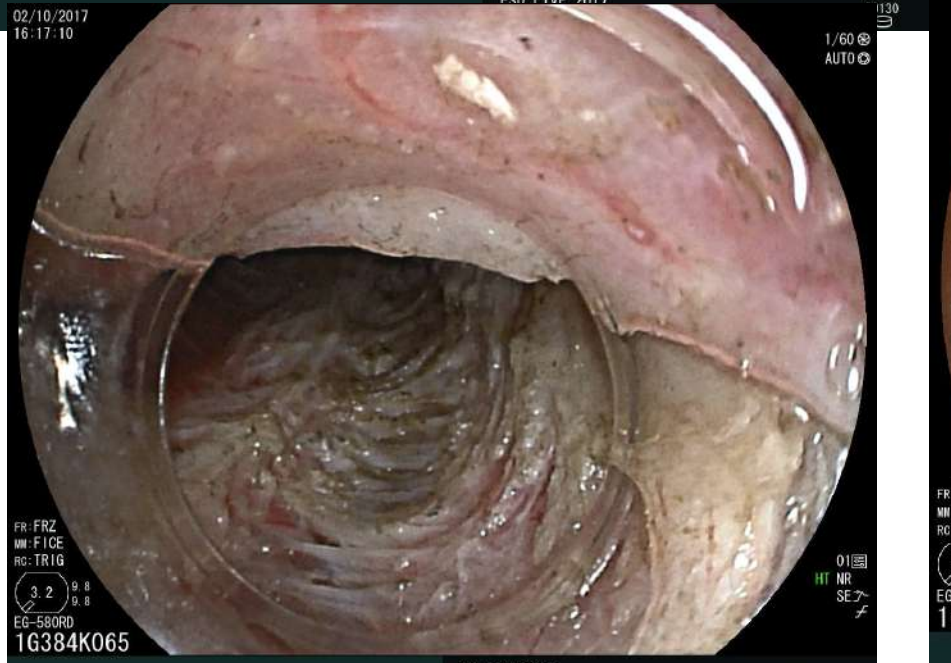


FR: FRZ
MM: FICE
RC: TRIG
3.2 9.8
9.8
EG-580RD
1G384K065



FR: FRZ
MM: FICE
RC: TRIG
3.2 9.8
9.8
EG-580RD
1G384K065

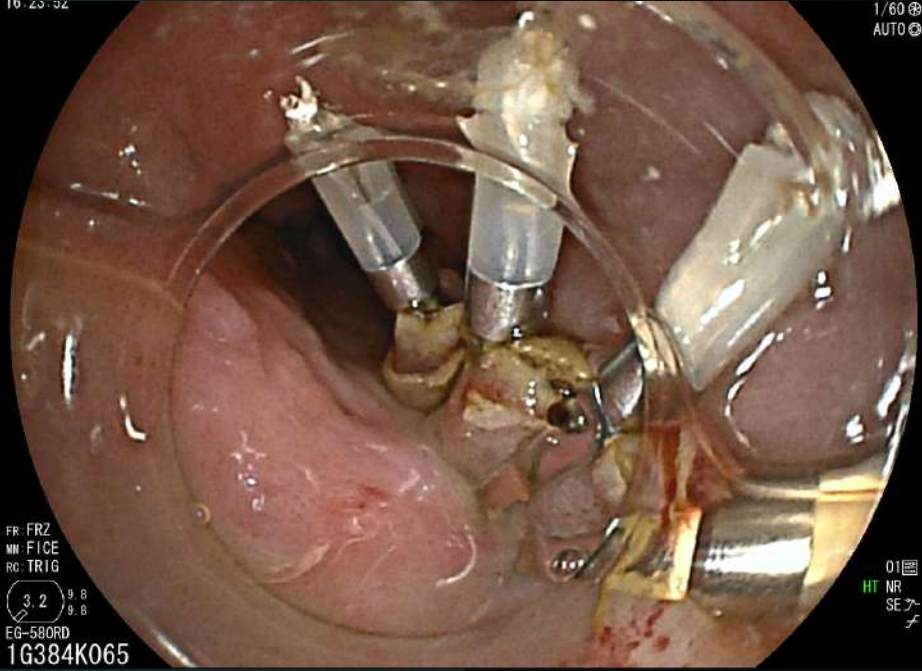
01 HT NR SE



FR: FRZ
MM: FICE
RC: TRIG
3.2 9.8
9.8
EG-580RD
1G384K065

02/10/2017
16:20:02

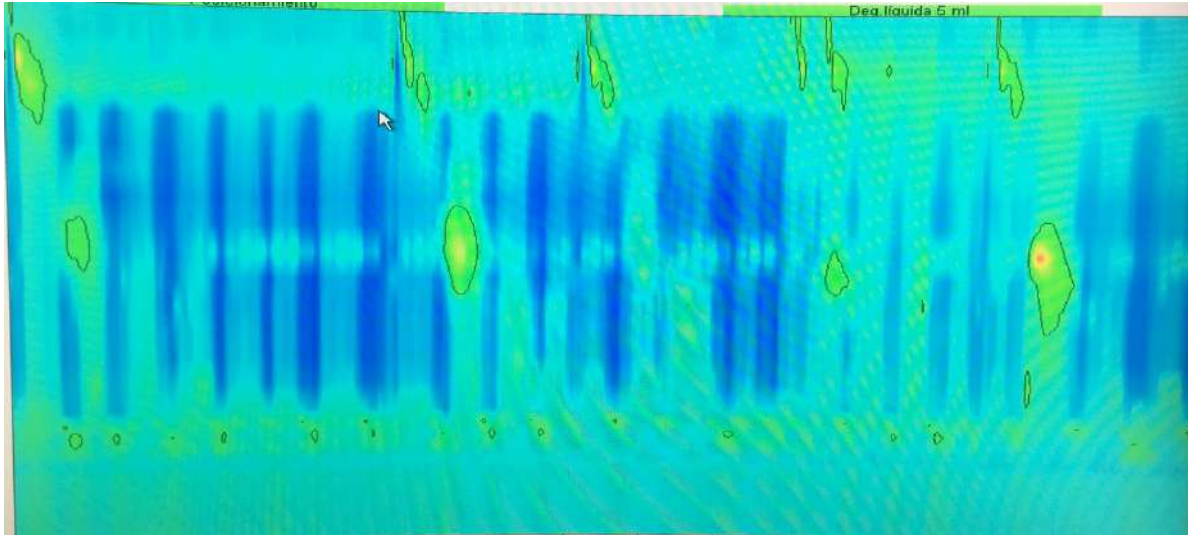
ESD LIVE 2017 BL-7000



FR: FRZ
MM: FICE
RC: TRIG
3.2 9.8
9.8
EG-580RD
1G384K065

01 HT NR SE

-After:



MANOMETRY: LOWER ESOPHAGEAL SPHINCTER WITH VERY LOW PRESSURE AND COMPLETE RELAXATIONS



IMPROVEMENT IN THE ESOPHAGEAL DIAMETER NOW SHOWING GOOD BARIUM CLEARANCE. STILL FILLIFORM MORPHOLOGY IN THE LOWER THIRD

- Intervention:

POEM successfully performed with no complications. Discharged 3 days after the procedure.

- Clinical outcomes:

The patient is currently asymptomatic on PPI
Eckardt score 1, GERD-Q score 3

CASE 07

Room 273

Endoscopist: Dr. TAKEUCHI

- Male, 81yo
- HTN, Auricular fibrillation on Acenocoumarol
- **LST non granular (0-IIa) 50mm**
 - Transverse colon
 - No signs of deep submucosal invasion
 - No previous biopsies
- **Aim:**
ESD FOR EN-BLOC RESECTION

NBI

M 80
02/06/1936
07/02/2017
12:46:32

D.F:22
■■■/---
0/1
Eh:A5 Cm

Grabando.

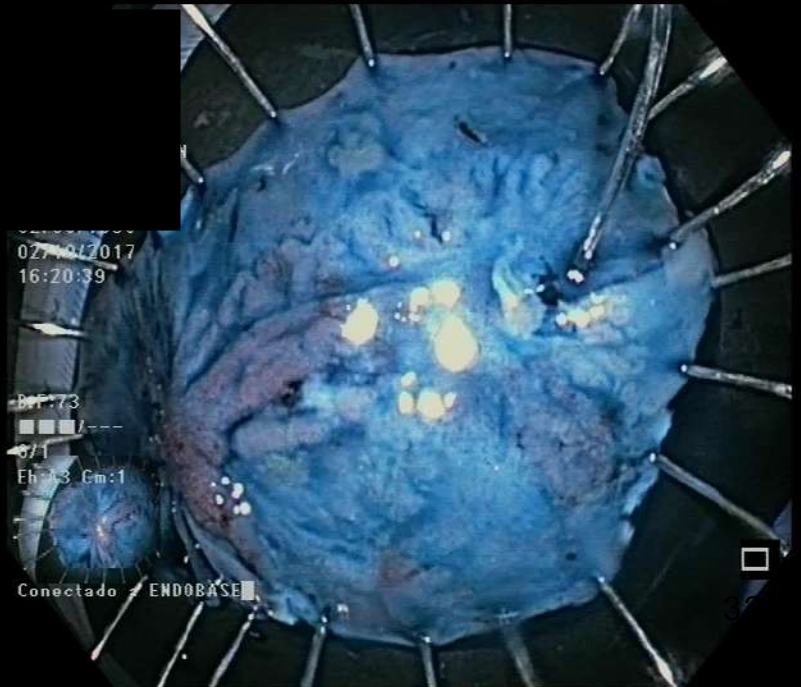
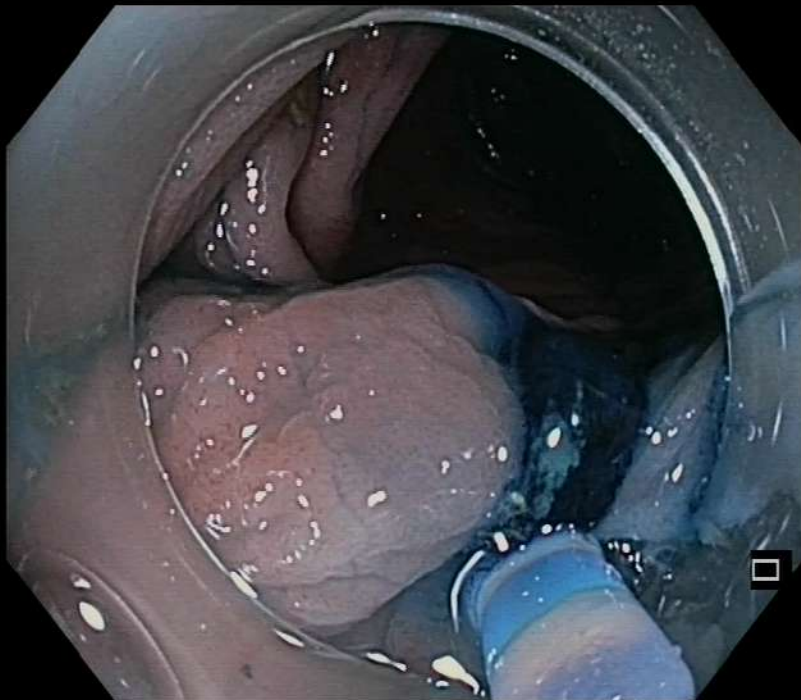
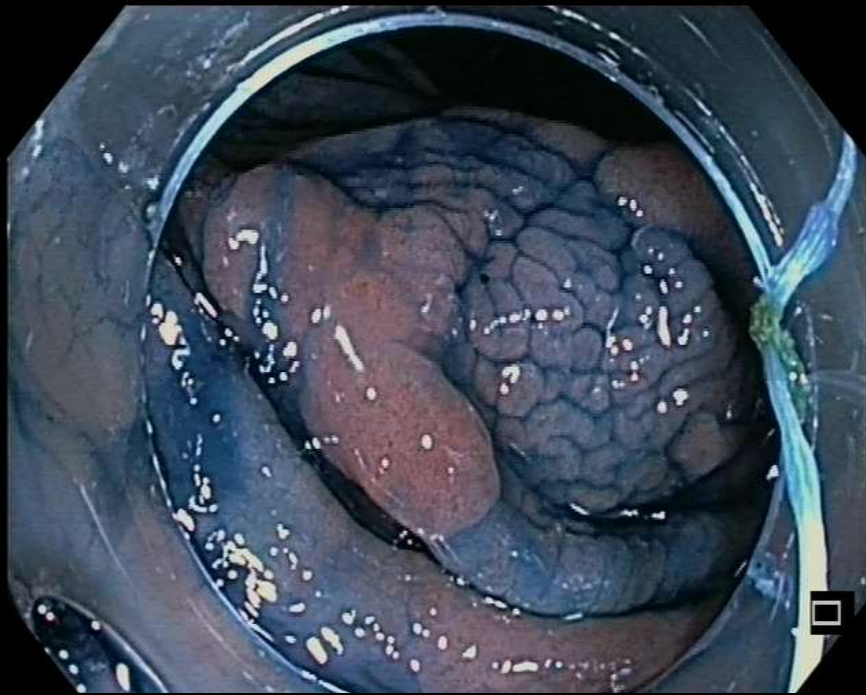




M 80
02/06/1936
07/02/2017
12:48:39

D.F:26
■■■■ /
0/1
Eh:88 Cm:1

Conectado a ENDOBASE



- Intervention:

Very challenging procedure due to the presence of severe fibrosis (F2) and tattoo ink in the resection site. En bloc resection achieved.

-Pathology report:

Tubular adenoma with high grade dysplasia.
Resections margins without dysplasia (RO).

-Clinical Outcomes:

Asymptomatic. No delayed complications were registered

TUESDAY

3RD OCTOBER 2017

CASE 08

Room 271

Endoscopist: Dr. YAHAGI

- Female, 61yo
- HTN, DM, kidney transplantation
- **LST GM (mixed nodular type) 0-IIa + Is 50mm**
 - Descending colon – sigmoid colon
 - No signs of deep submucosal invasion
 - No previous biopsies
- **Aim:**
ESD FOR EN-BLOC RESECTION



F 60
19/04/1956
14/02/2017
18:52:10
D.F:10
C:B Et:A3

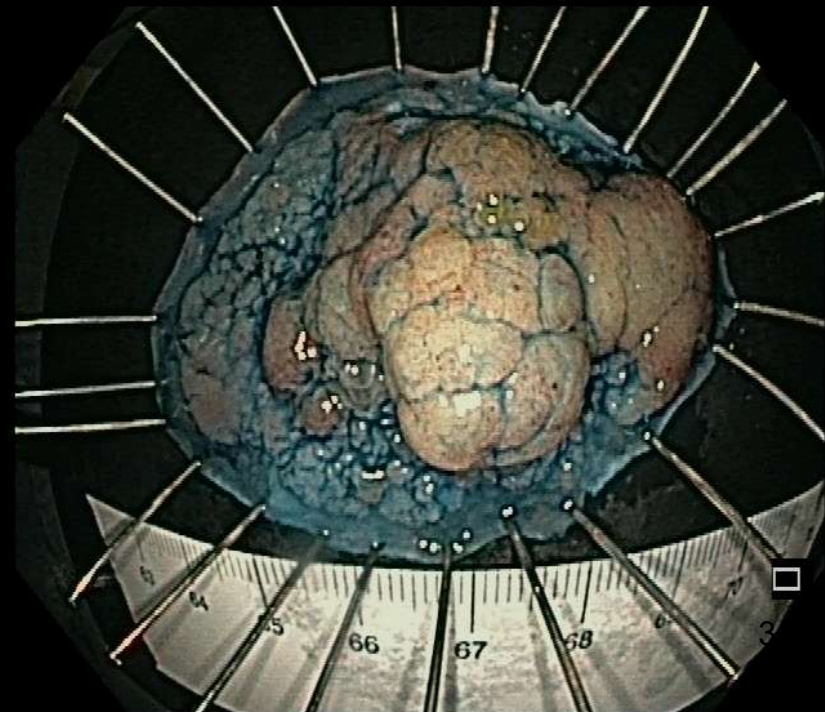
MARTINEZ PORRAS, J.
Grabando.



F 60
19/04/1956
14/02/2017
D.F.P.
G:B H:A3

This is an endoscopic image showing the interior of the colon. A large, lobulated, polypoid lesion is visible, protruding from the mucosal surface. The lesion has a cauliflower-like appearance with multiple rounded, raised lobes. The surrounding mucosa appears normal. The image is overlaid with patient information and technical data.

MARTINEZ PORRAS, J.
Grabando,



- Intervention:

En bloc resection achieved without complications.

- Pathology report:

Tubulovillous adenoma with low grade dysplasia.
Resections margins without dysplasia (R0)

- Clinical Outcomes:


Asymptomatic. No delayed complications were registered

CASE 09

Room 271

Endoscopist: Dr. YAHAGI

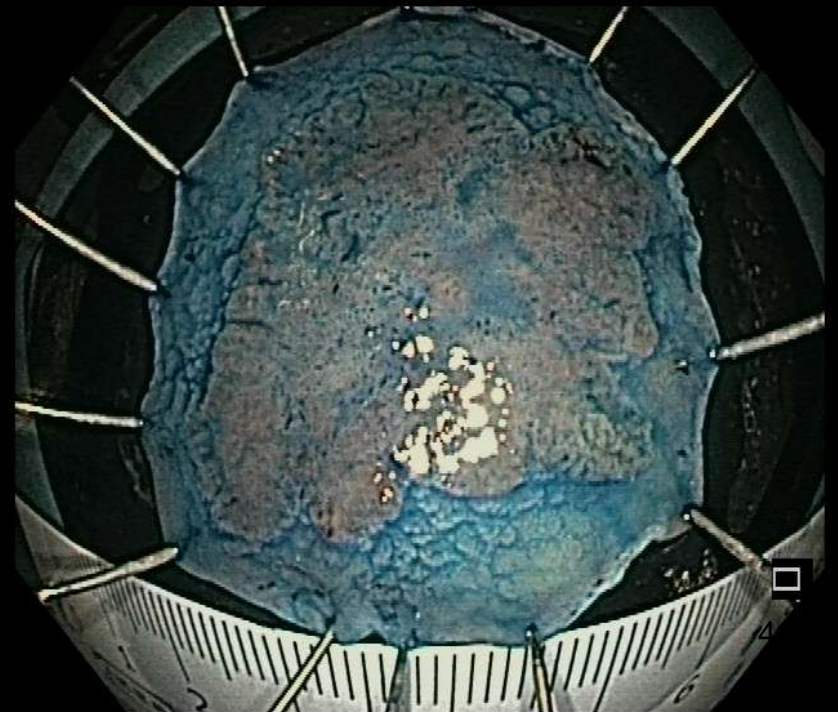
- Male, 69 yo
- HTN
- **LST non granular 0-IIa 40mm**
 - Hepatic flexure
 - No signs of deep submucosal invasion
 - No previous biopsies
- **Aim:**
ESD FOR EN-BLOC RESECTION

An endoscopic view of the colon showing a large, lobulated, reddish polypoid lesion protruding from the mucosal surface. The surrounding mucosa is normal. The lesion has a lobulated, cauliflower-like appearance with some areas of ulceration or erosion. The background mucosa is dark red and glistening.

M 69
01/06/1948
05/09/2017
19:08:55
D,F:10
G:N

Hi:AG

De Frutos Rosa,Diego
Grabando.



-Intervention:

Without complications.

-Pathology report of hepatic flexure lesion:

Sessile serrated polyp with low-grade dysplasia.
Resections margins with low grade dysplasia (R1)

-Clinical Outcomes:

Asymptomatic. No delayed complications were registered.
Follow-up colonoscopy 6 months later: no residual lesion found.

CASE 10

Room 272

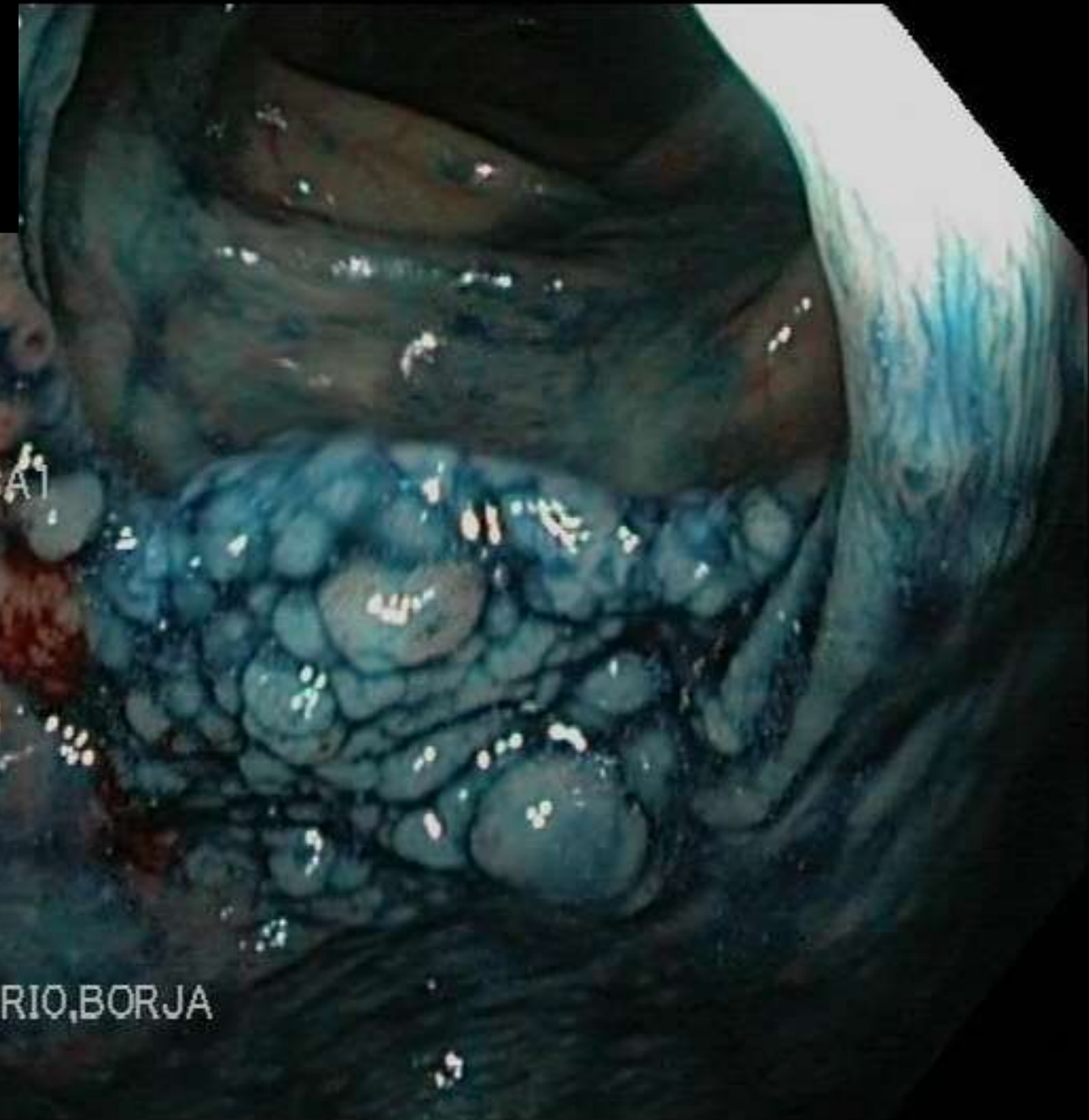
Endoscopist: Dr. TOYONAGA

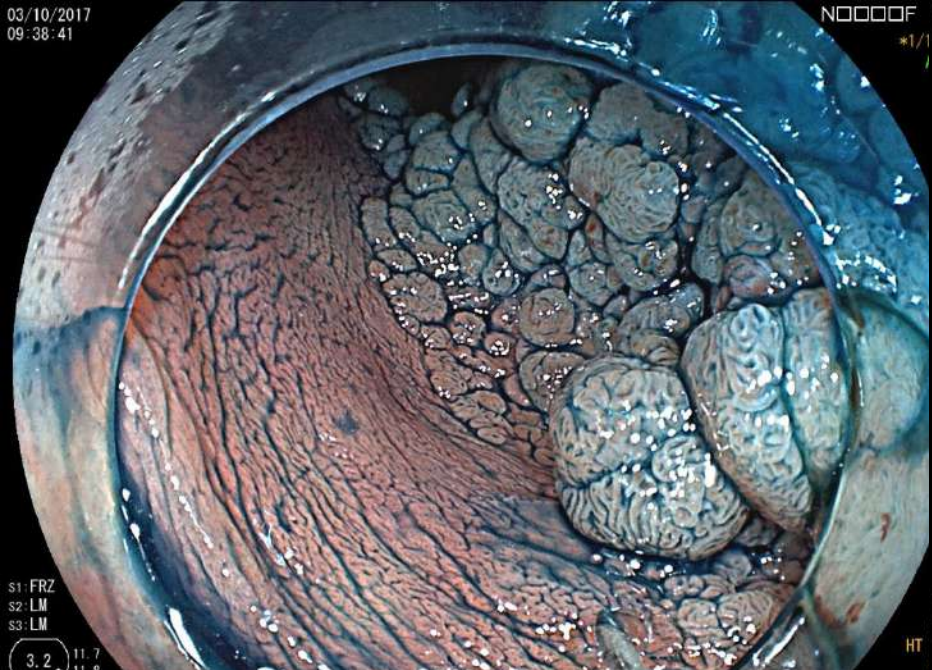
- Male, 77 yo
- HTN, COPD
- **LST G homogeneous 0-IIa 60mm**
 - Descending colon
 - No signs of deep submucosal invasion
 - No previous biopsies
- Aim:
ESD FOR EN-BLOC RESECTION

IM 70
04/08/1940
15/05/2017
19:32:17
D.F: 12
C:N

Et: A1

OLIVA DEL RIO, BORJA
Grabando,





s1: FRZ
s2: LM
s3: LM

s1: FRZ
s2: LM
s3: LM
HT

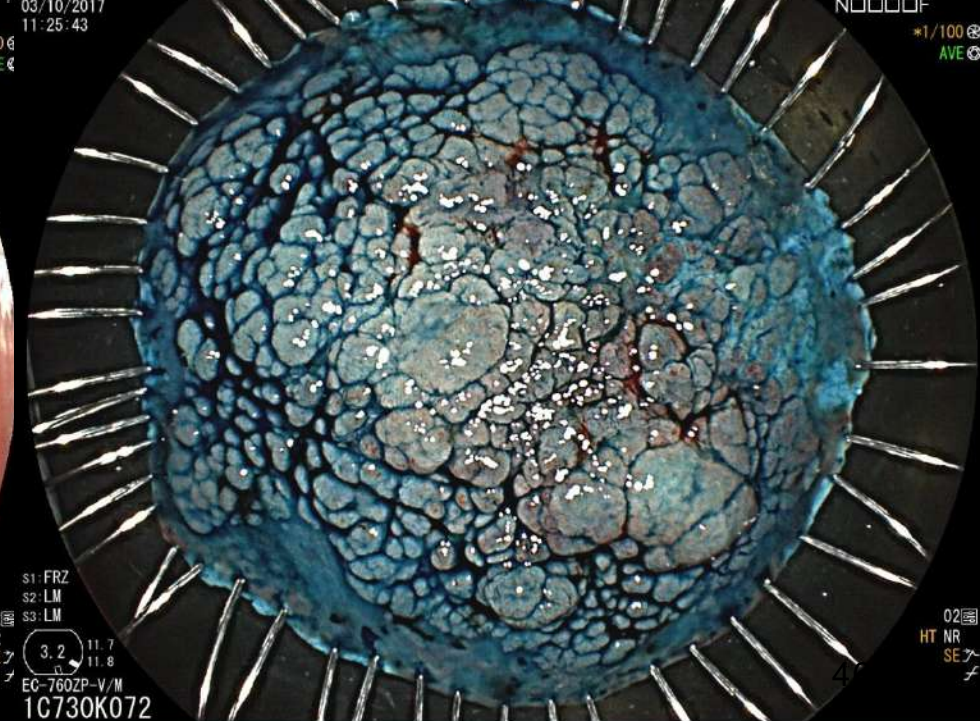
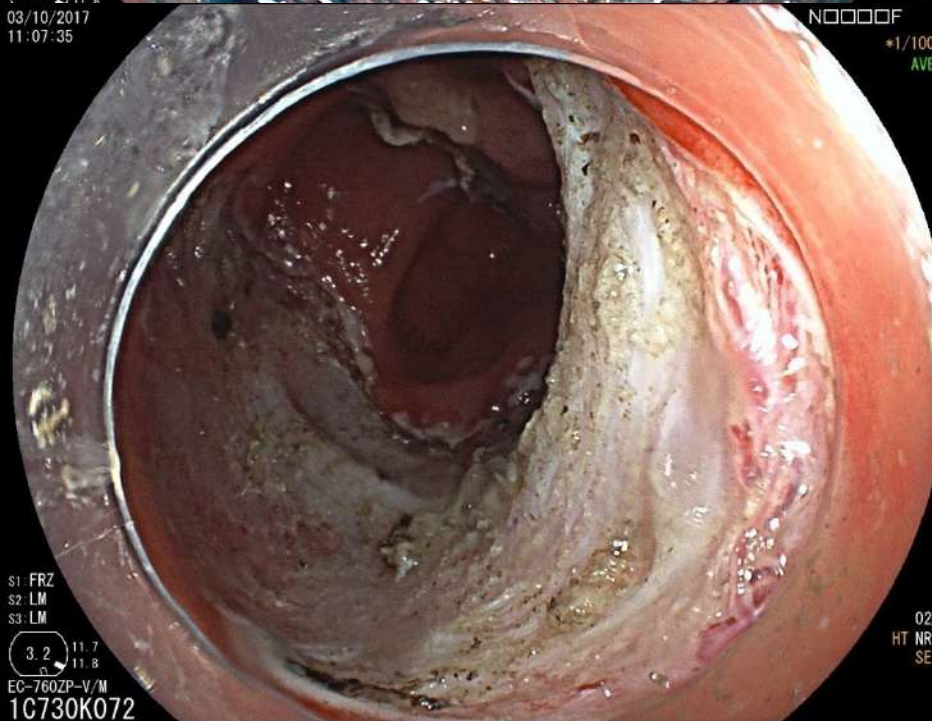
02
HT NR

3.2 11.7
03/10/2017
11:07:35

NOOOOF
*1/100
AVE

03/10/2017
11:25:43

NOOOOF
*1/100
AVE



s1: FRZ
s2: LM
s3: LM

s1: FRZ
s2: LM
s3: LM
02
HT NR

02
HT NR

3.2 11.7
11.8
EC-760ZP-V/M
1C730K072

3.2 11.7
11.8
EC-760ZP-V/M
1C730K072

02
HT NR
SE

- Intervention:

En bloc resection achieved without complications.

- Pathology report:

Tubulovillous adenoma with low grade dysplasia.
Resections margins without dysplasia (R0)

- Clinical Outcomes:

Asymptomatic. No delayed complications were registered

CASE 11

Room 272

Endoscopist: Dr. TOYONAGA

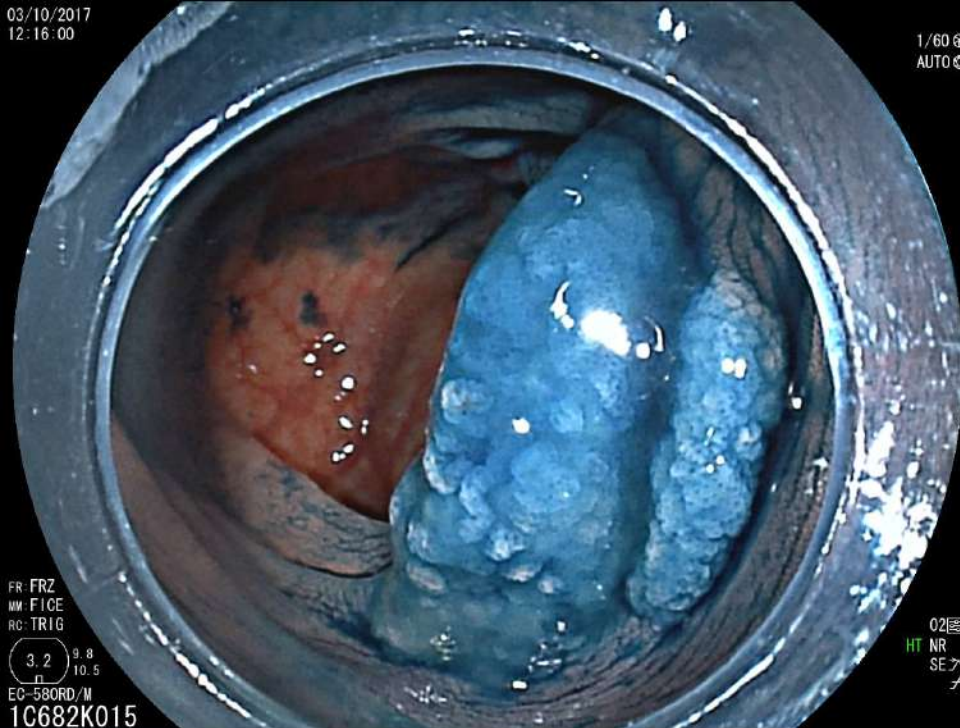
- Female, 48 yo
- No relevant clinical history
- **LST G homogeneous 0-IIa 40mm**
 - Transverse colon
 - No signs of deep submucosal invasion
 - No previous biopsies
- **Aim:**
ESD FOR EN-BLOC RESECTION

F 48
11/05/1969
25/08/2017
19:35:25
D,F:14
G:N

54:B8

OLIVA DEL RIO,BORJA
Grabando,





FR: FRZ
MM: FICE
RC: TRIG
3.2 9.8
10.5
EC-580RD/M
1C682K015

FRZ
FICE
TRIG
02
HT NR
SE 3.2 9.8
10.5
03/10/2017
12:55:29

02
HT NR
SE



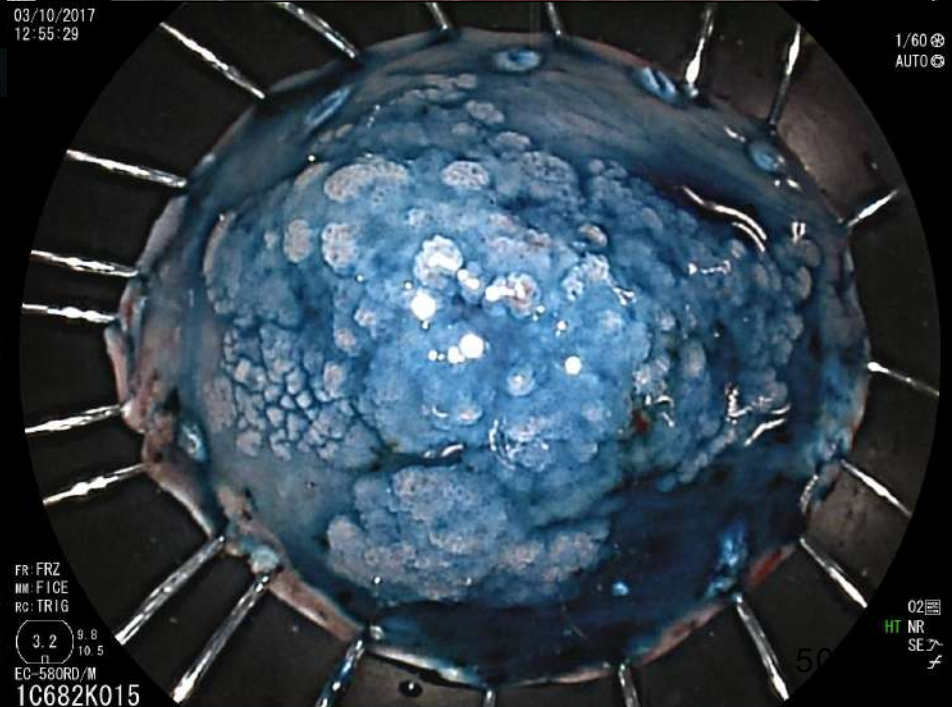
FR: FRZ
MM: FICE
RC: TRIG
3.2 9.8
10.5
EC-580RD/M
1C682K015

FRZ
FICE
RC: TRIG
02
HT NR
SE 3.2 9.8
10.5
EC-580RD/M
1C682K015

02
HT NR
SE



1/60
AUTO



02
HT NR
SE

- Intervention:

En bloc resection achieved without complications.

- Pathology report:

Sessile serrated polyp with low-grade dysplasia.
Resection margins without dysplasia (R0)

- Clinical Outcomes:

Asymptomatic. No delayed complications were registered

CASE 12

Room 273

Endoscopist: Dr. URAOKA

- Male, 79 yo
- COPD, vascular disease (Aspirin 100mg)
- **LST non granular 0-IIa+IIc 30mm**
 - Ascending colon
 - No signs of deep submucosal invasion
 - Biopsy: low-grade dysplasia

- Aim:

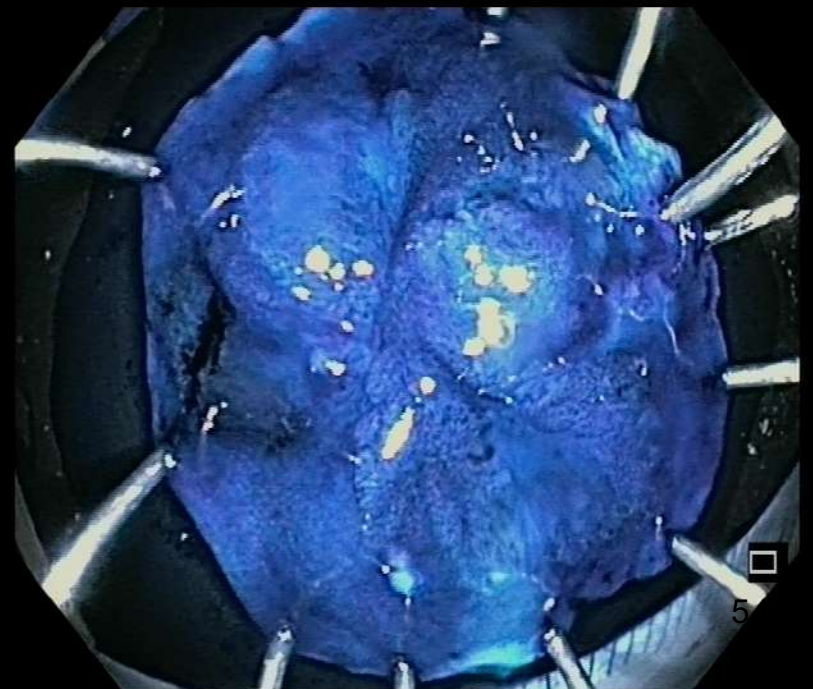
ESD FOR EN-BLOC RESECTION

NBI

M 79
15/02/1938
20/06/2017
12:31:17
D.F:7
Et:A3

GONZALEZ-HABA RUIZ
Conectado a ENDOBASE





- Intervention:

En bloc resection achieved without complications.

- Pathology report:

Adenocarcinoma pT1a

- Depth of submucosal invasion 280µm
- No deep or peripheral margins affected (R0)
- Well differentiated (G1)
- Tumour budding -.
- No lymph-vascular invasion (Ly-, v-)

- Clinical Outcomes:

Staging CT with no evidence of metastatic disease.

Follow-up endoscopy 6 months later with no macroscopic and histological evidence of residual disease.

CASE 13

Room 273

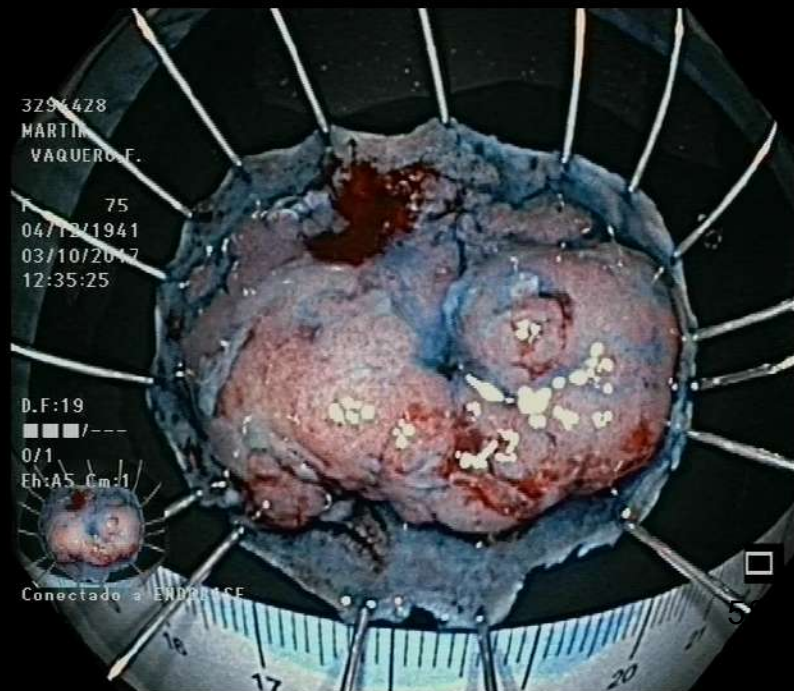
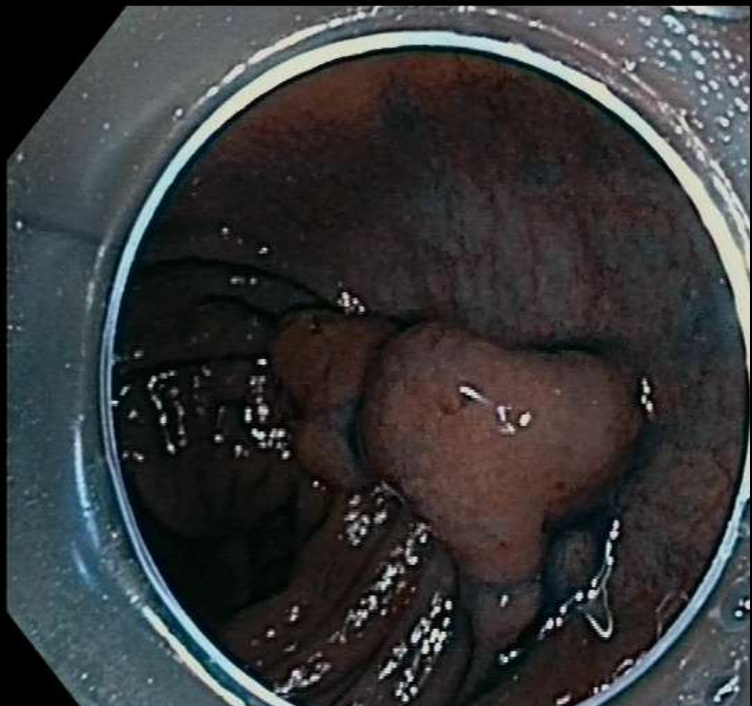
Endoscopist: Dr. URAOKA

- Female, 75 yo
- Sigmoidectomy for colorectal cancer
- **LST non granular 0-IIb 30mm**
 - Descending colon
 - Unclear margins
 - No signs of deep submucosal invasion
 - No previous biopsies
- Aim:
ESD FOR EN-BLOC RESECTION

An endoscopic view of the colon mucosa. The mucosal surface is reddish-pink and has a normal vascular pattern. A large, dark, polypoid lesion is visible, protruding from the mucosal surface. The lesion has a lobulated, irregular shape and a dark, almost black color, suggesting it may be a sessile polyp or a large adenoma. The surrounding mucosa appears relatively normal.

F 75
04/12/1941
25/05/2017
18:39:29
D,F:9
Gr:B H:A5

Hernandez Conde, M.
Conectate a [WUOLIBASE](#)



- Intervention:

En bloc resection achieved without complications.

- Pathology report:

Tubulovillous adenoma with high grade dysplasia.
Resections margin with low grade dysplasia (R1)

- Clinical Outcomes:

Asymptomatic. No delayed complications were registered.
Follow-up endoscopy 6 months later with no macroscopic and histological evidence of residual disease.

CASE 14

Room 271

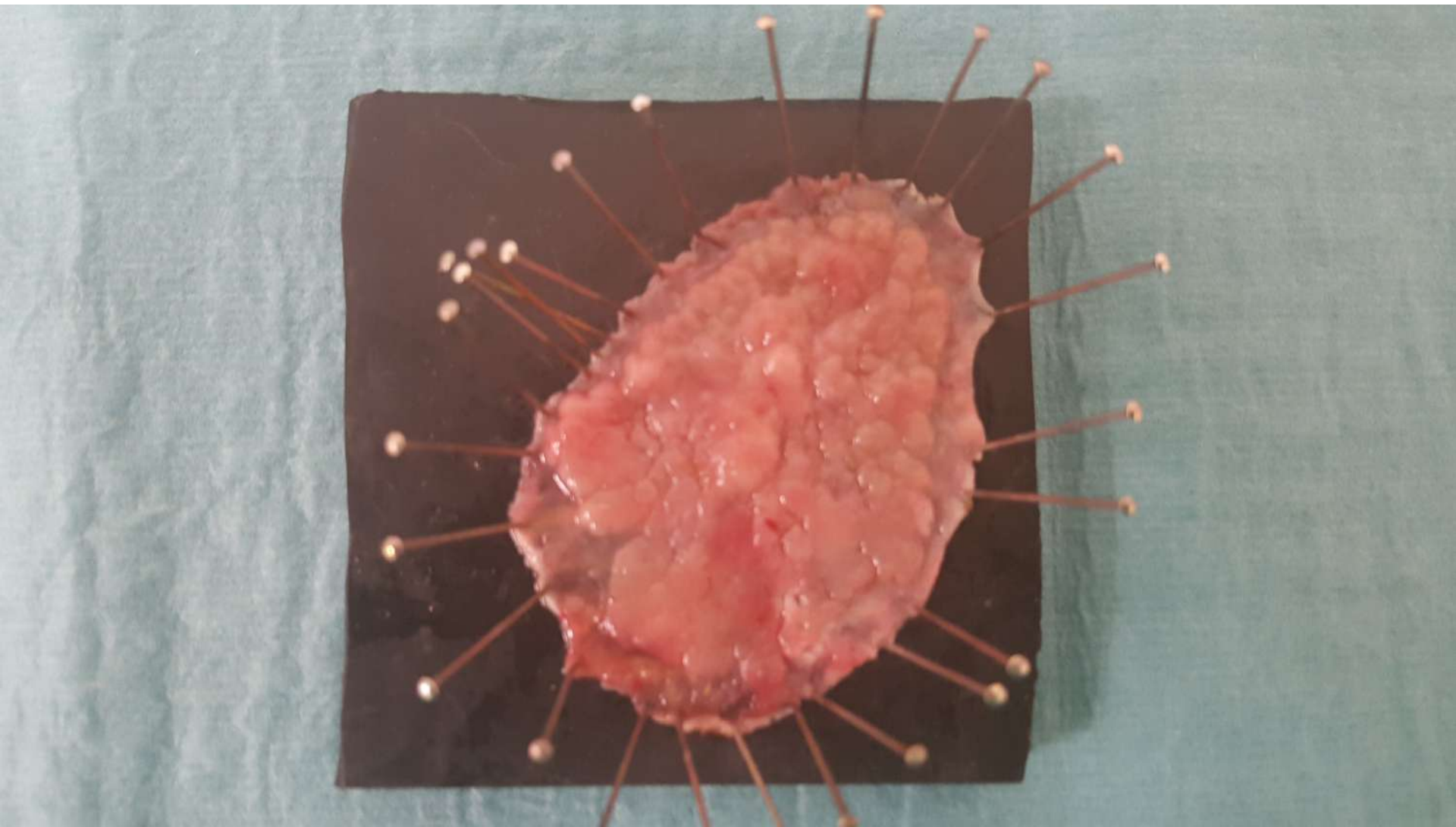
Endoscopist: Dr. MAEDA

- Female, 69 yo
- HTN, gastrectomy por peptic disease
- **LST granular homogeneous 0-IIa 60mm**
 - Ascending colon
 - No signs of deep submucosal invasion
 - No previous biopsies
- **Aim:**
ESD FOR EN-BLOC RESECTION

F 69
27/02/1948
21/07/2017
17:28:50
D,F:34
G:N [A5]

Ferre Aracil, Carlos
Grabando,





- Intervention:

En bloc resection achieved without complications

- Pathology report:

Adenocarcinoma pT1b

- Depth of submucosal invasion >1000µm
- Deep margin affected (R1)
- Poorly differentiated (G3)
- Tumour budding +.
- No lymph-vascular invasion (Ly-, v-)

- Clinical Outcomes:

- Right hemicolectomy with no complications.
- No residual neoplastic tissue identified in the surgical specimen. 0/27 metastatic lymph nodes.

CASE 15

Room 272

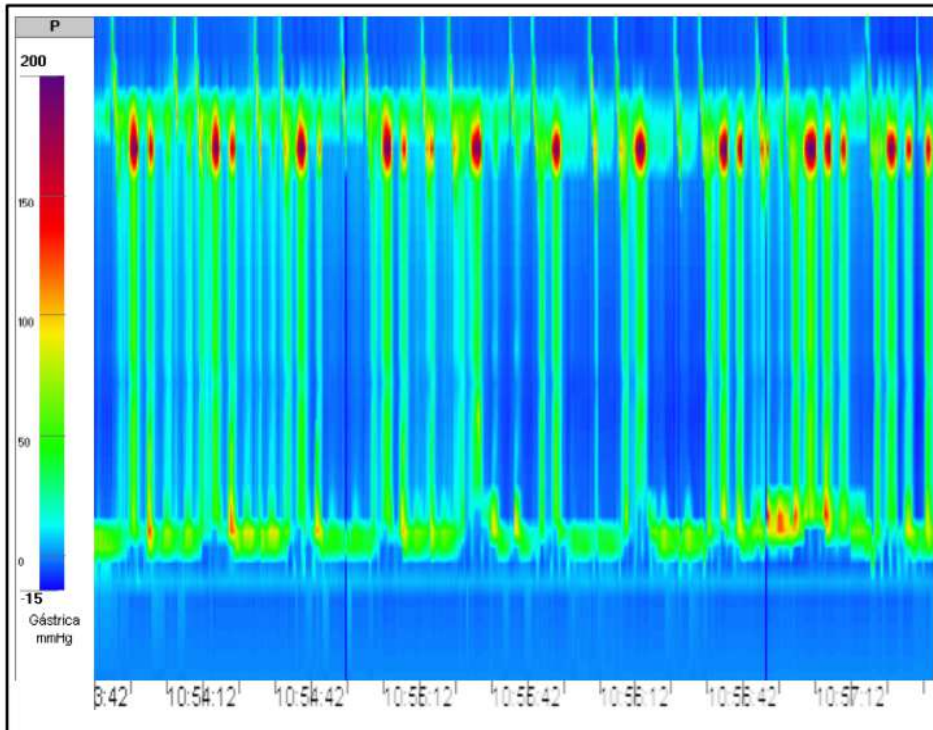
Endoscopist: Dr. TANAKA

- Male, 62yo
- HTN, diffuse large B-cell lymphoma under remission. Aspirin (PP).
- **Type 2 Achalasia**
 - Dilated esophagus with thickened walls incidentally found on a follow up CT scan.
 - 1-year history of dysphagia for solids and occasionally for liquids with repetitive impactions.
 - Eckardt score: 4; GERD-Q score: 9
 - Gastroscopy: distal esophagitis. Biopsies with no abnormalities.

Aim:

PER-ORAL ENDOCOPIC MIOTOMY (POEM)

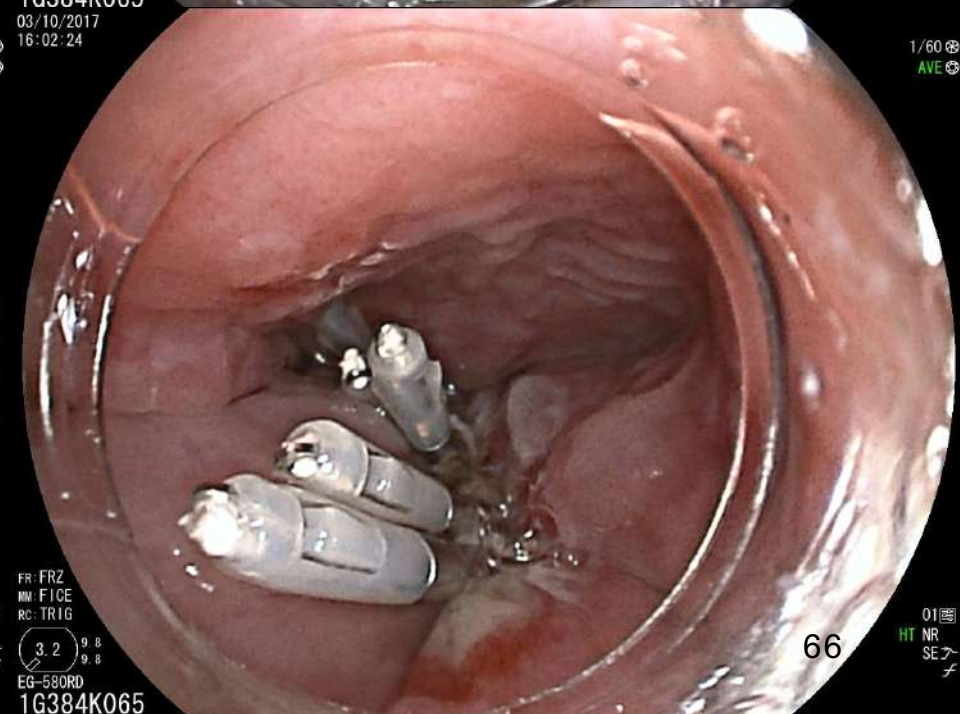
- Before:



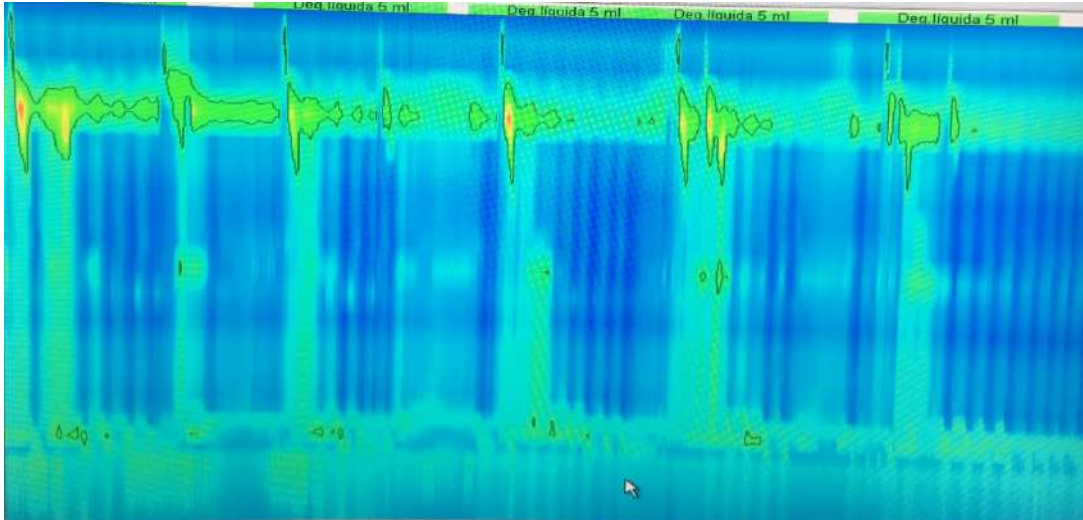
LOWER ESOPHAGEAL SPHINCTER WITH NORMAL PRESSURE (UPPER LIMIT) AND ABSENCE OF RELAXATIONS



ESOPHAGEAL DILATION (36MM) WITH IRREGULAR MORPHOLOGY AND POOR BARIUM CLEARANCE. PERISTALTIC DYSFUNCTION WITH MULTIPLE TERTIARY WAVES. CRICOPHARYNGEAL BAR REDUCING ESOPHAGEAL LUMEN BY 50%.



- After:



MANOMETRY: LOWER ESOPHAGEAL SPHINCTER WITH LOW PRESSURE WITH COMPLETE RELAXATIONS



NORMAL CALIBER ESOPHAGUS WITH NORMAL PERISTALTISM AND ADECUATE BARIUM CLEARANCE

- Intervention:

POEM successfully performed with no complications. Discharged 4 days after the procedure.

- Clinical outcomes:

The patient is currently asymptomatic on PPI
Eckardt score 0, GERD-Q score 0

CASE 16

Room 272

Endoscopist: Dr. TANAKA

- Female, 69 yo
- HTN, depression
- **LST granular homogeneous 0-IIa 25mm**
 - Distal rectum extending over hemorrhoids
 - No signs of deep submucosal invasion
 - No previous biopsies
- **Aim:**
ESD FOR EN-BLOC RESECTION



F 68
25/07/1948
09/06/2017
19:50:49
D.F:6
Gr:N

INCAI

Llop Herrero, Pina
Grabando...

03/10/2017
16:46:00

NOOOL

ESD LIVE 2017

03/10/2017
16:57:16

NOOOOF
AT*1/100
17
HNS

ESD LIVE 2017

03/10/2017
18:01:44

NOOOL
AT*1/1
HNS

ESD LIVE 2017

S1:FRZ
S2:LM
S3:LM
3.2
11.7
11.8
EC-760ZP-V/M
1C730K072

02
HT NR
SE

ESD LIVE 2017

BL-7000

19845

11

- Intervention:

En bloc resection achieved without complications.

- Pathology report:

Tubulovillous adenoma with low grade dysplasia.
Resections margin without dysplasia (R0)

- Clinical Outcomes:

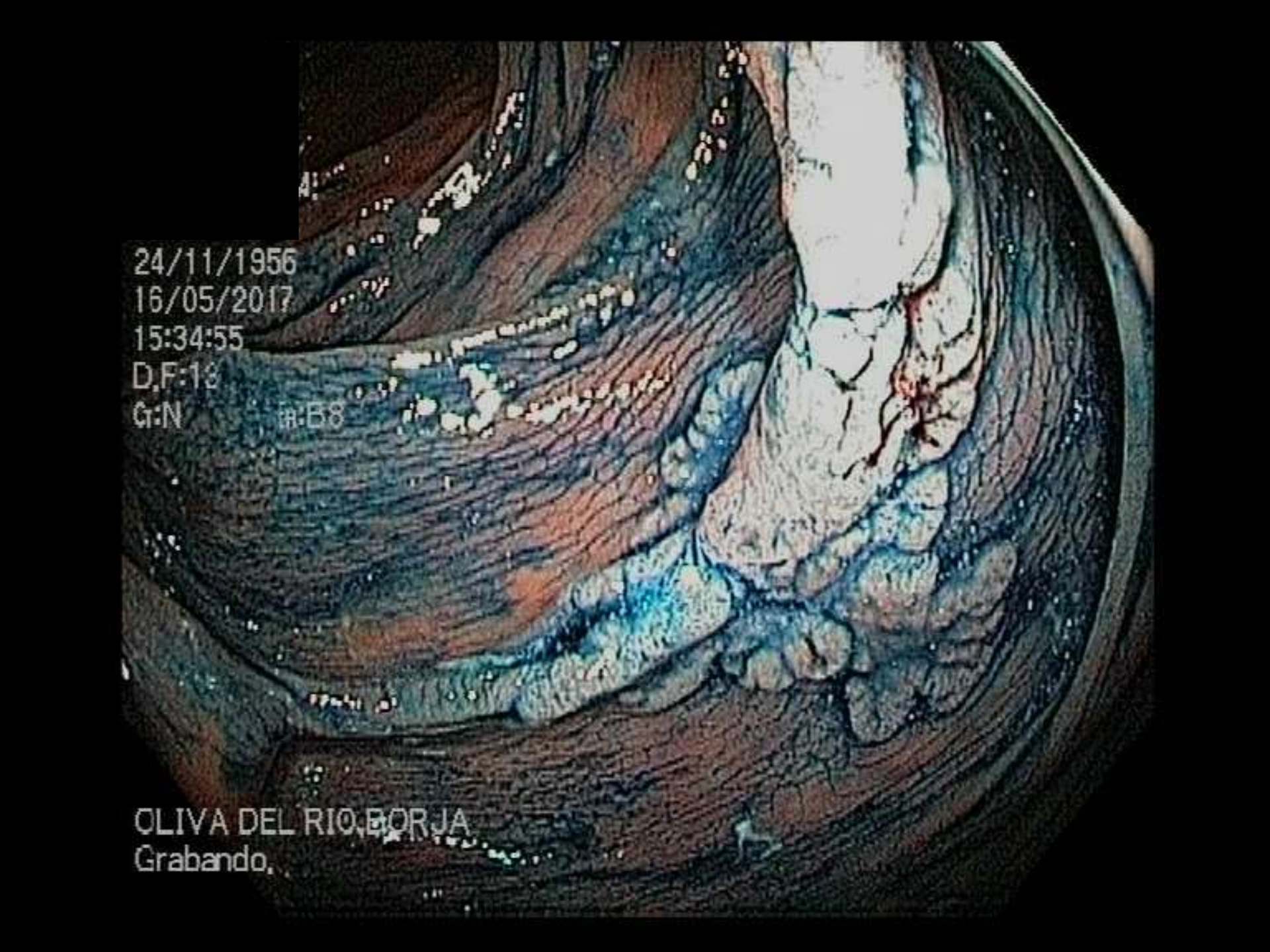
Asymptomatic. No delayed complications were registered

CASE 17

Room 273

Endoscopist: Dr. TAKEUCHI

- Female, 60 yo
- Ileocecal resection for adenocarcinoma in 2010
- **LST non granular 0-IIa 60x20mm**
 - Transverse colon
 - No signs of deep submucosal invasion
 - No previous biopsies
- **Aim:**
ESD FOR EN-BLOC RESECTION

An aerial photograph of a river delta, likely the Borja River delta, showing a complex network of channels and distributaries. A color overlay is applied to the image, with a blue-green hue on the left side and a reddish-brown hue on the right side, possibly representing different sediment types or water flow directions. The image is framed by a dark border.

24/11/1956

16/05/2017

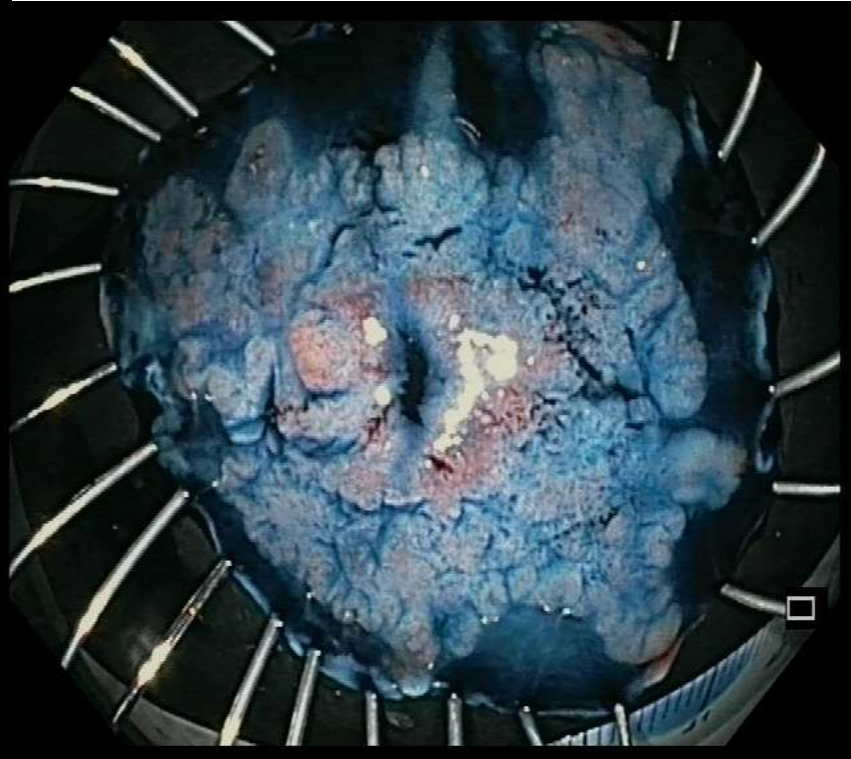
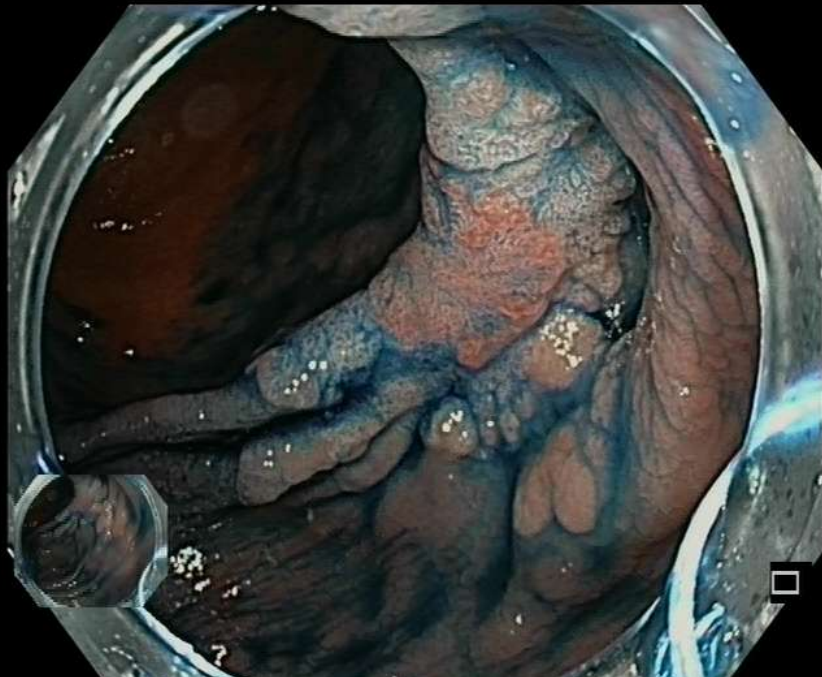
15:34:55

D.F:18

G:N

#:E8

OLIVA DEL RIO BORJA
Grabando,



- Intervention:

Challenging procedure due to the presence of severe fibrosis (F2). En bloc resection achieved.

-Pathology report:

Tubular adenoma with low grade dysplasia.
Resections margin with low grade dysplasia (R1)

-Clinical Outcomes:

Asymptomatic. No delayed complications were registered.
Follow-up endoscopy 6 months later with no macroscopic and histological evidence of residual disease.

CASE 18

Room 273

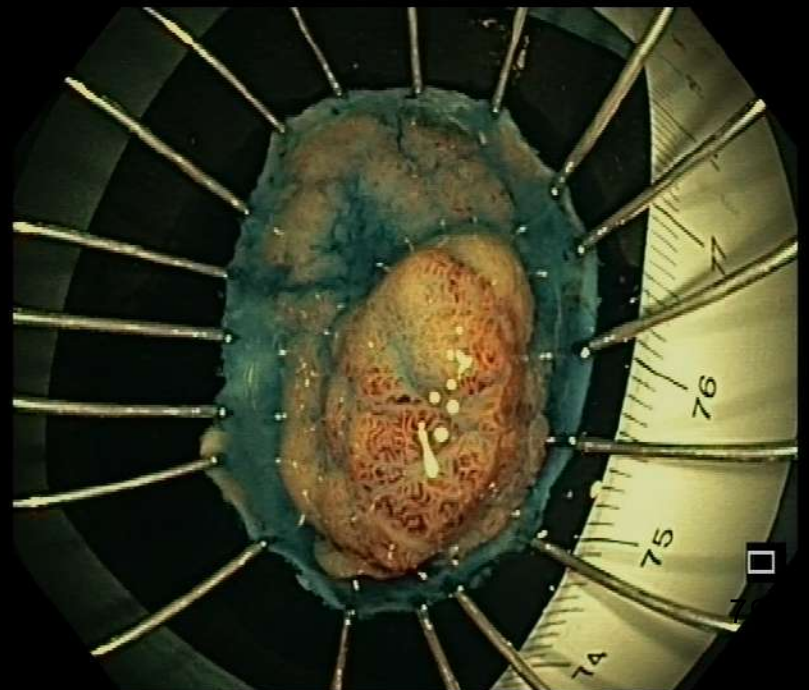
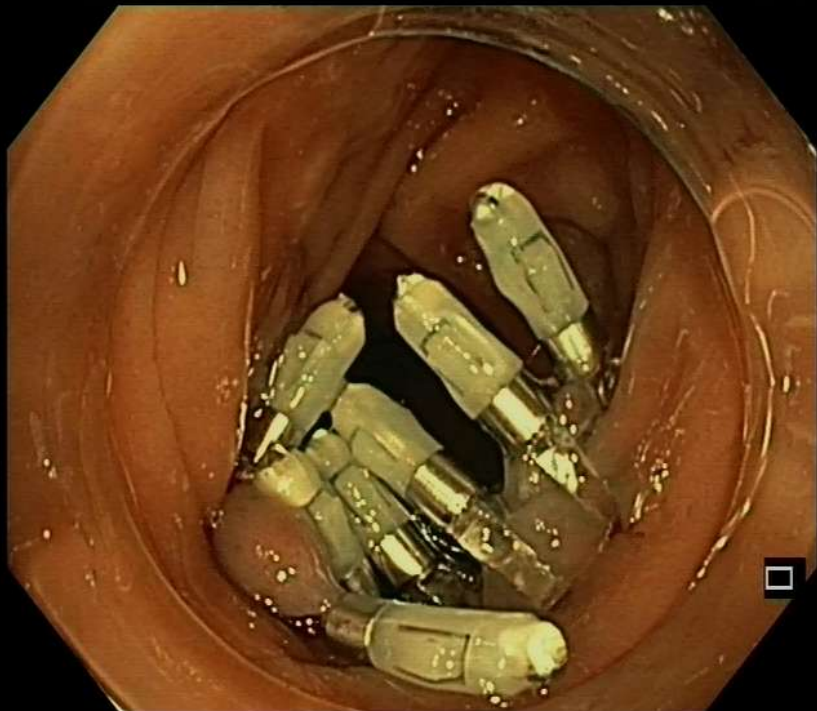
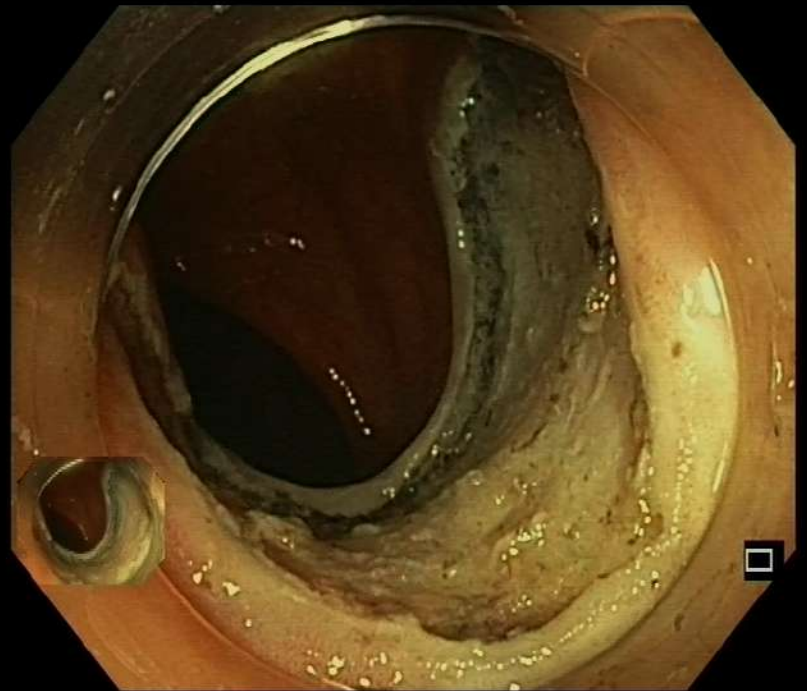
Endoscopist: Dr. TAKEUCHI

- Male, 93 yo
- Ischemic heart disease (Clopidogrel -> Aspirin), vocal cord cancer treated with radiotherapy.
- **LST GM (nodular mixed type) 0-Is+IIa 60x20mm**
 - Sigmoid colon
 - No signs of deep submucosal invasion
 - Biopsy: tubulovillous adenoma with low grade dysplasia.
- **Aim:**
ESD FOR EN-BLOC RESECTION



M 92
10/02/1924
01/02/2017
10:40:04
D,F:17
Gr:N m:A5

OLIVA DEL RIO,BORJA
Grabando,



- Intervention:

En bloc resection achieved without complications

-Pathology report of sigmoid colon lesion:

Tubulovillous adenoma with low grade dysplasia.
Resections margins without dysplasia (R0)

-Clinical Outcomes:

Asymptomatic. No delayed complications were registered.

Picture Gallery













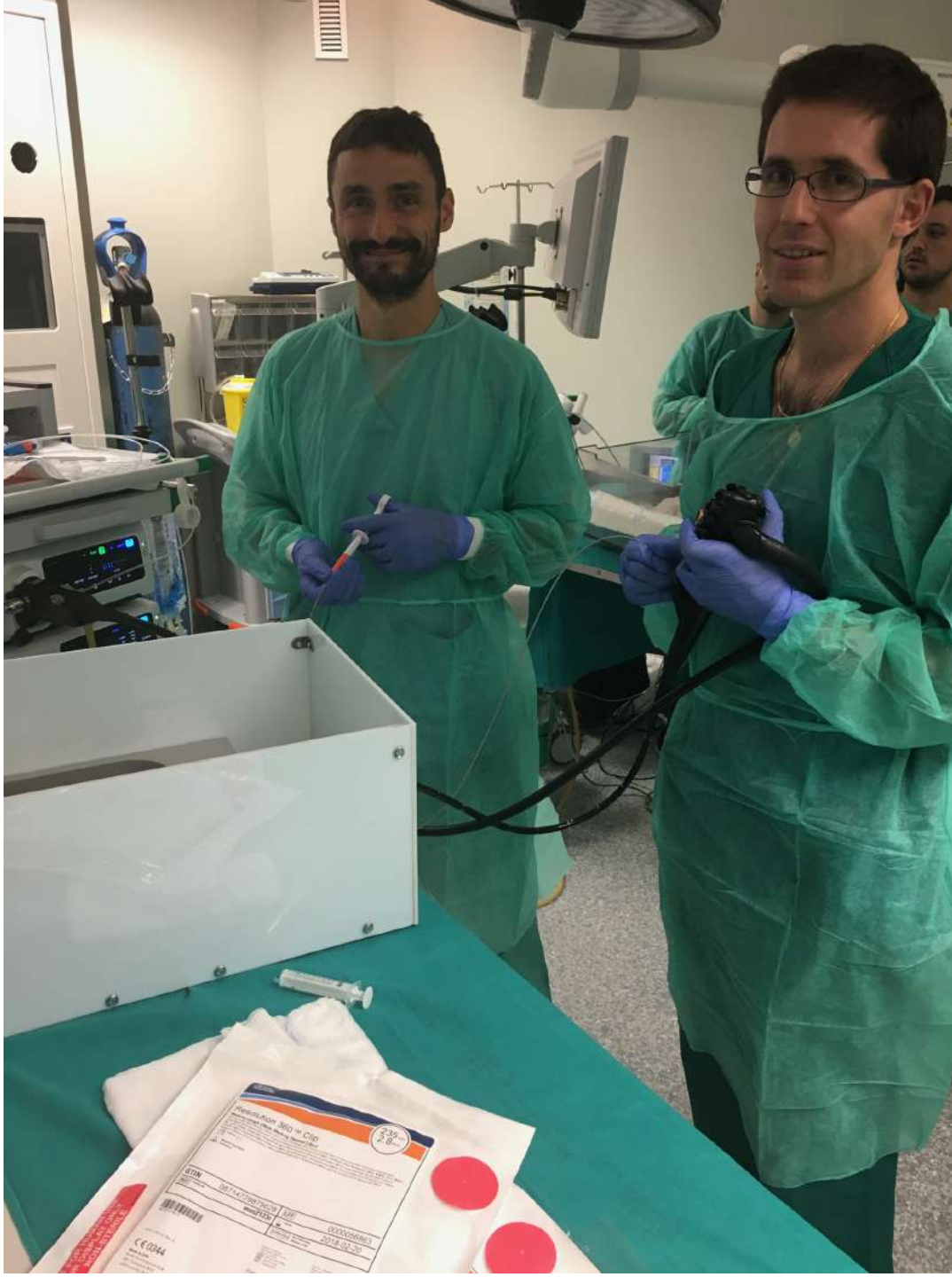


03:12:05

STATION 1
K. Yamamoto, M.D.
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***Thank you to all faculty and
alumni for your participation***

***We hope to see you soon in VI
Edition of ESD Live Madrid!!***