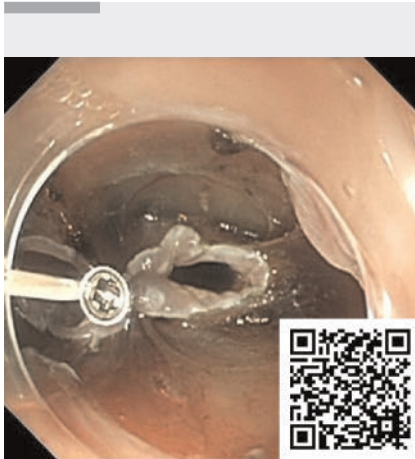


A novel strategy for performing endoscopic submucosal dissection for circumferential superficial esophageal neoplastic lesions with kissing traction

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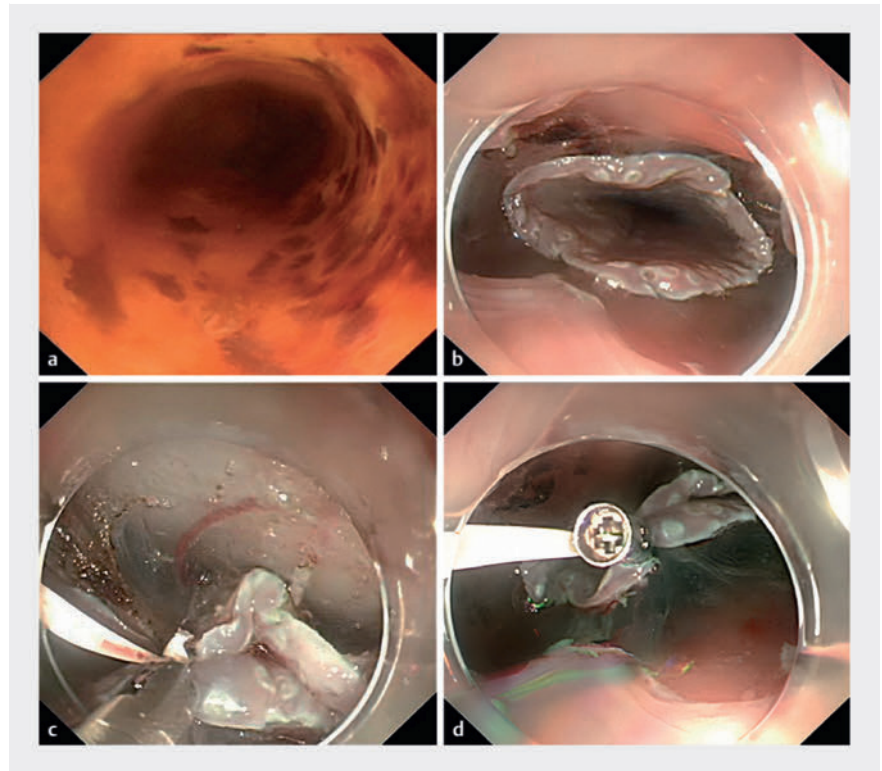


▶ Video 1 A novel strategy for performing endoscopic submucosal dissection for circumferential superficial esophageal neoplastic lesions with kissing traction.

Endoscopic submucosal dissection (ESD) is a widely utilized procedure for early esophageal cancer and precancerous lesions. However, it remains technically challenging and time consuming for circumferential lesions. Numerous studies have utilized various techniques for improving the efficacy of ESD in the treatment of esophageal circumferential lesions [1–3]. Herein, we propose a novel approach for improving ESD for esophageal peripheral lesions, termed the “kissing traction technique” (KT-ESD).

Over 3 years, six patients (four male, two female; mean age 62.5 years) with circumferential superficial esophageal neoplastic lesions underwent KT-ESD. Informed consent for the procedure was signed by all patients before the procedure intervention.

The steps of KT-ESD were as follows (▶ **Video 1**). 1) Esophageal iodine staining (▶ **Fig. 1 a**). 2) Marking the lesion. 3) Marking a circumferential incision on the anal and oral sides of the lesion (0.5



▶ Fig. 1 The procedural steps of endoscopic submucosal dissection with kissing traction. **a** Esophageal iodine staining. **b** The mucosal flap from the oral side of the lesion. **c** Using two legs of titanium clips to clamp the two kissing mucosal flaps before traction (▶ **Fig. 1 c, d**), so that only one traction is needed to pull up the whole lesion. **d** Established status of post-kissing traction.

cm away from the lesion). 4) Dissection to reveal the mucosal flap from the oral side of the lesion (▶ **Fig. 1 b**). 5) Using two legs of titanium clips to clamp the two kissing mucosal flaps before traction (▶ **Fig. 1 c, d**), so that only one traction is needed to pull up the whole lesion. 6) Complete dissection along the submucosa. 7) Injection of triamcinolone acetonide solution on the wound; postoperative oral steroids were administered to prevent stenosis.

The length of the lesions ranged from 5.0 to 9.5 cm, with operation times ranging from 55 to 92 minutes (▶ **Table 1**). None of the patients experienced intraopera-

tive or postoperative bleeding or perforation. No recurrence was observed in subsequent follow-up. During the 3–30 months of postoperative follow-up, two of the six patients developed esophageal stenosis; however, the stenosis was successfully relieved following two to three balloon dilation procedures.

In conclusion, KT-ESD demonstrated a significant improvement in dissection efficiency for peripheral esophageal lesions, without an increase in complications.

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► **Table 1** Characteristics of six patients undergoing endoscopic submucosal dissection with kissing traction.

Sex	Age	Location ¹	Longitudinal diameter, cm	Macroscopic type	Operative time, minutes	Adverse events	Pathological type	Follow up, months
M	69	Middle and inferior	6	I1b	65	No	Intramucosal cancer	3
F	56	Middle	5	I1b	55	Stenosis	High grade intra-epithelial neoplasia	5
F	64	Middle and inferior	6.5	I1b + I1a	70	No	Intramucosal cancer	15
M	56	Middle and inferior	9.5	I1b + I1a	92	Stenosis	Intramucosal cancer	25
M	60	Middle and inferior	7	I1b	80	No	High grade intra-epithelial neoplasia	12
M	70	Middle and inferior	5	I1b	60	No	Intramucosal cancer	30

¹Superior, middle, and inferior of the esophageal.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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References

- [1] Fraile-López M, Parra-Blanco A. Double-tunnel circumferential endoscopic submucosal dissection with double clip-band-line traction for an esophageal squamous neoplasm. *Endoscopy* 2020; 52: E303–E305. doi:10.1055/a-1109-2365
- [2] Li X, Sun Z, Ye L et al. Wide-tunnel endoscopic submucosal dissection with clip-and-line traction for large circumferential esophageal neoplasm. *Endoscopy* 2022; 54: E670–E671
- [3] Lu Q, Du ZQ, Zhou XR et al. Snare-based circumferential traction technique for endoscopic submucosal dissection of long circumferential early esophageal carcinoma. *Endoscopy* 2023; 55: E920–E921. doi:10.1055/a-2098-0284

Bibliography

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