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Impact of EUS in gastroesophageal small subepithelial lesions.

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Introduction:

Gastroesophageal subepithelial lesions (SL) diagnosis is increasing. Even so, the approach is still controversial, mainly in those smaller than 2cm. In these cases, it is possible to make an endoscopic follow up or resection of these lesions, usually by surgical procedures, with no consensus about the indication of each treatment, specially in gastric lesions. But, in some cases, SL can be extrinsic compression or mucosal/submucosal lesions, possible to be resected by endoscopic procedures, or are ecografically compatible with benign lesions, such as lipomas. In these cases the endoscopic follow up is unnecessary.

Objective:

Define the impact of EUS on the follow up of SL smaller than 2cm, focusing the indication of possible endoscopic resection and diagnosis of extrinsic compression or characteristic benign lesions.

Casistics and Methodology:

We studied in the period of september-2008 to march-2010, 98 patients, consecutively, with endoscopic diagnosis of SL (62 women and mean age of 54,1 years).

Results:

The mean size of the lesions was 1,46cm. At EUS, we didn't find 8 lesions described in the endoscopic procedure, 12 was extrinsic compression and 1 was not possible to define the layer of origin. The other lesions were originated from the digestive wall, 44 originated on the muscularis propria. The other 34 was mucosal or submucosal lesions, and we were able to indicate the endoscopic resection or were characteristics of lipoma (8) or ectopic pancreas (4).

Conclusion:

In 98 patients with SL, only in 44,9% of the patients was necessary to take some follow up conduct.