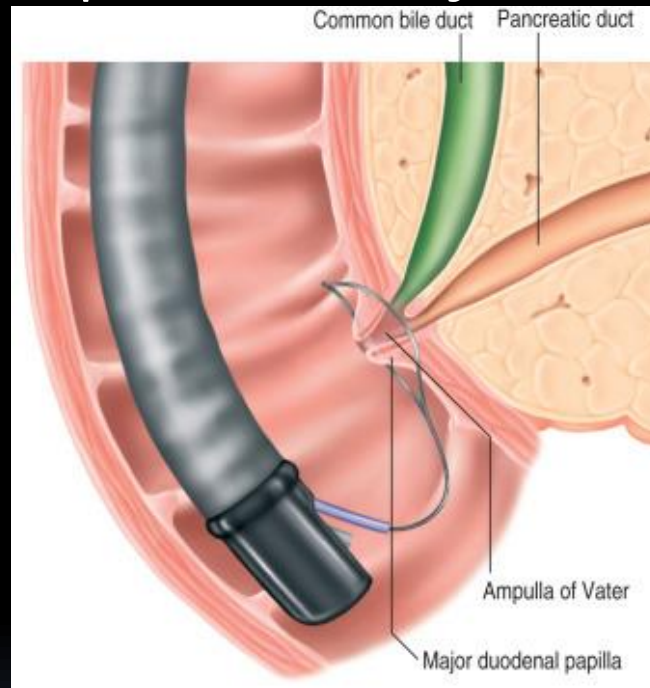


Long-term outcome of endoscopic ampullectomy : multi-center study



Seong Ji Choi¹, Hong Sik Lee², Jung Wan Chae², Jae Min Lee², Jong Jin Hyun², Jai Hoon Yoon¹, Hyo Jung Kim², Jae Sun Kim², Ho Sun Choi¹, Chang Duck Kim²

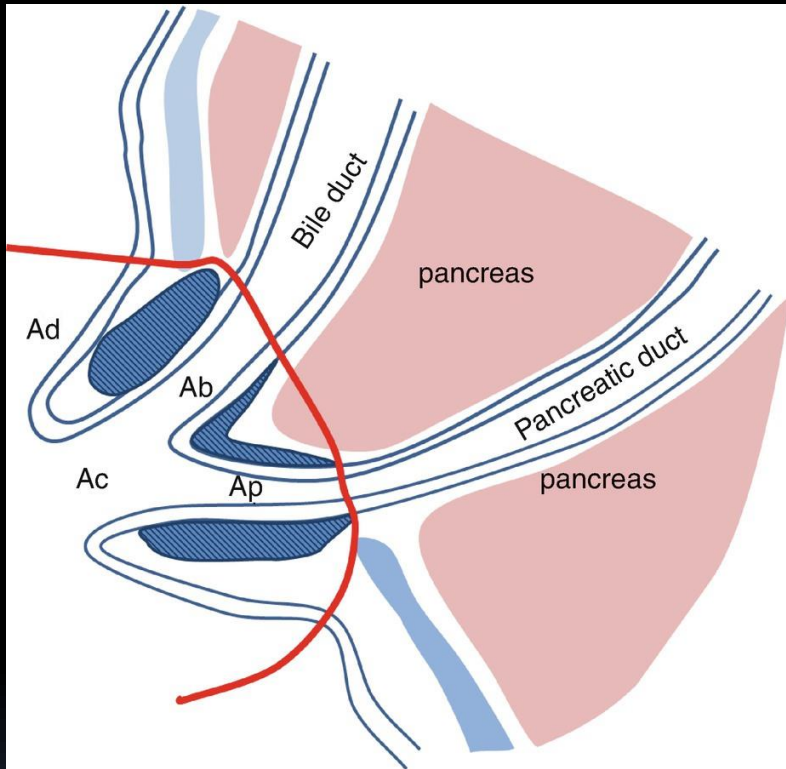
¹Department of Internal Medicine, Hanyang University College of Medicine

²Division of Gastroenterology and Hepatology, Department of Internal Medicine, Korea University College of Medicine

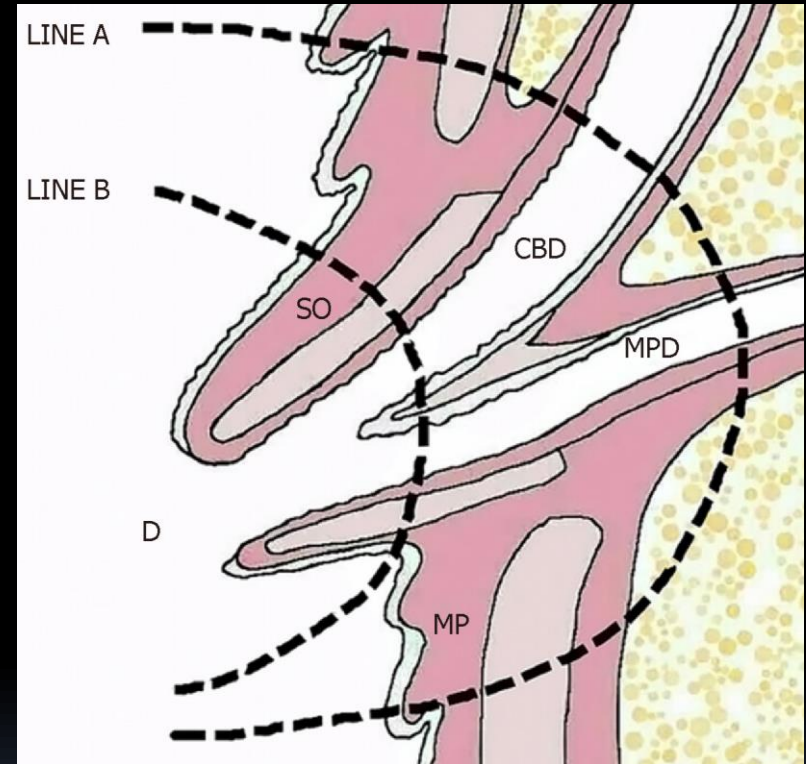
Introduction

- Ampulla adenoma
 - Rare and often malignant
 - Incidence : 0.1 % in autopsy studies
 - Increase of incidence with more endoscopies
 - 30% of benign adenomas transform into malignant carcinoma
 - Conventional treatment : surgical resection
 - Endoscopic papillectomy was introduced to overcome the limitations of surgical resection
 - No high-quality recommendation

Treatment



Endoscopic papillectomy



Surgical ampullectomy

Yamamoto N., et al. (2019) Endoscopic Papillectomy: Introduction and How to Treat Advanced Therapeutic Endoscopy for Pancreatico-Biliary Diseases. Springer, Tokyo

Liu F, et al. Surgical method choice and coincidence rate of pathological diagnoses in transduodenal ampullectomy: A retrospective case series study and review of the literature. *World J Clin Cases*. 2019;7(6)

Aim

- To evaluate the long-term result of endoscopic papillectomy

METHODS

Study design

- Retrospective chart review
 - Multi-center : 4 Tertiary hospitals
 - Duration : 2013 - 2019
 - Inclusion criteria
 - Who underwent endoscopic papillectomy
 - Exclusion criteria
 - Who were followed less than 6 mths

Endoscopic papillectomy

- Standard monofilament polypectomy snare was used
- ERBE setting - ENDOCUT Q, effect 3, duration 1

RESULTS

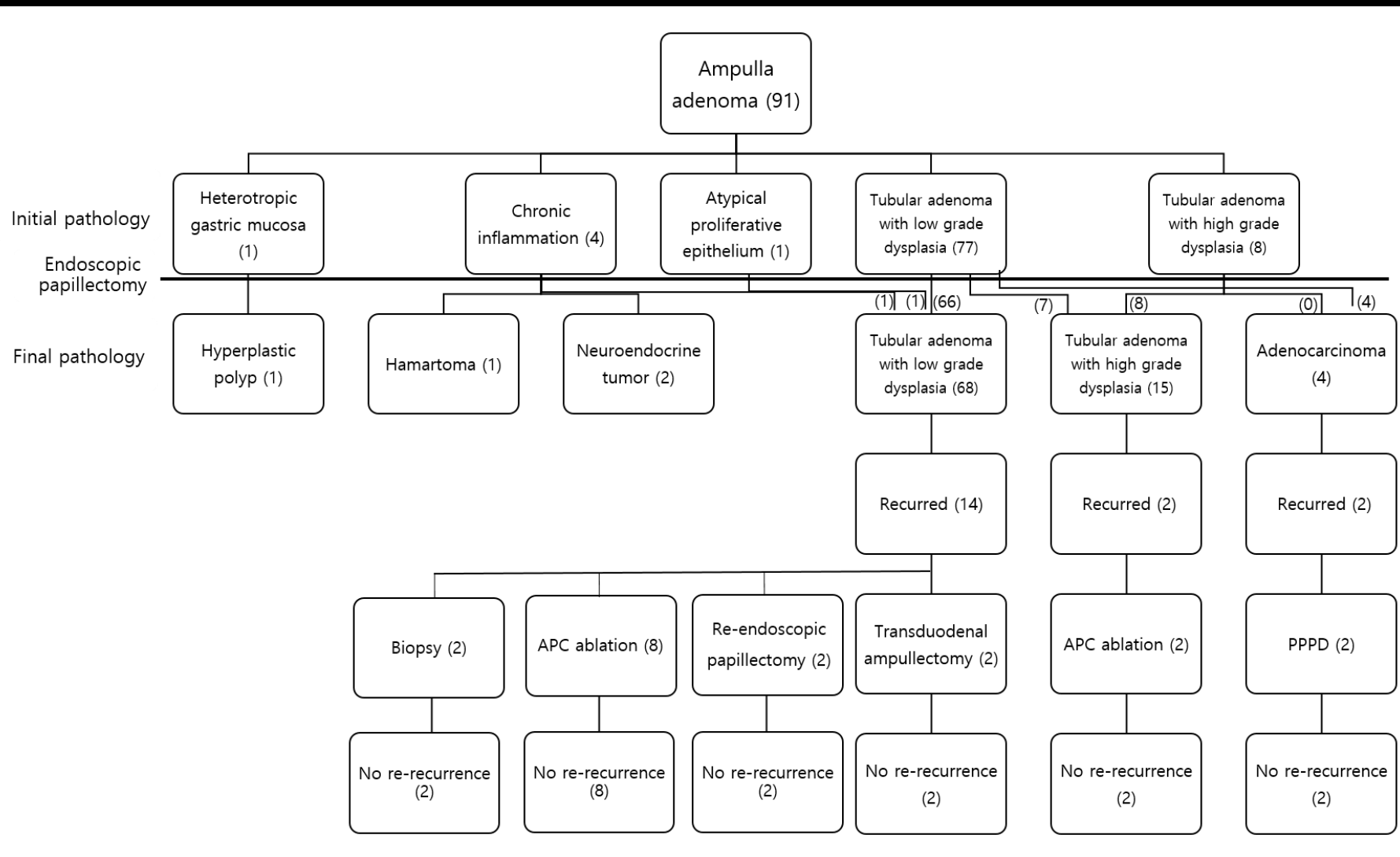
Baseline characteristics

| | N (%) (n = 91) |
|-------------------------------|----------------|
| Age, yr | 61.5 ± 13.0 |
| Male, n (%) | 50 (55.0) |
| Symptoms, n (%) | |
| Asymptomatic | 55 (60.4) |
| Biliary pain | 20 (22.0) |
| Jaundice | 16 (17.6) |
| Mean follow-up duration, mths | 22.8 |
| FAP, n (%) | 2 (2.2) |

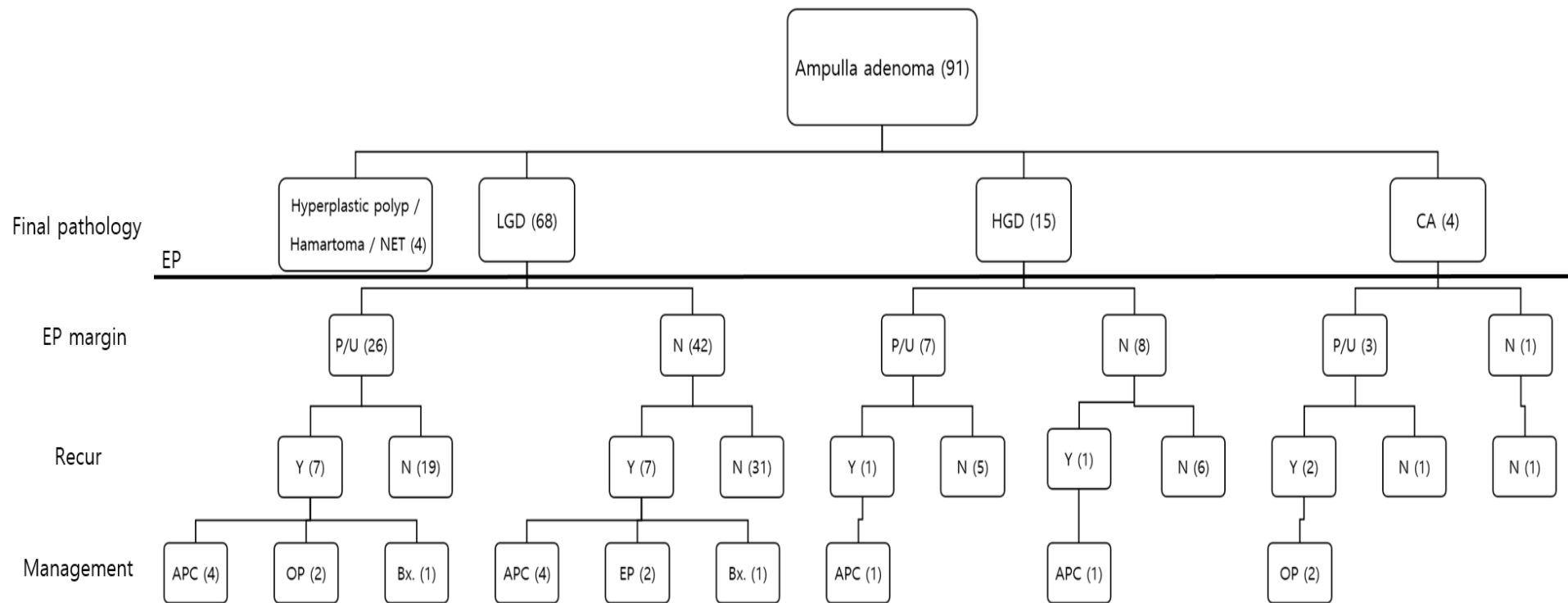
Clinical outcomes

| | N (%) (n = 91) |
|-----------------------------|----------------|
| Mean adenoma size, mm | 16 ± 18 |
| En-bloc resection, n (%) | 84 (92.3) |
| Submucosal injection, n (%) | 4 (4.3) |
| Margin | |
| Free, n (%) | 52 (57.1) |
| Uncertain, n (%) | 17 (18.7) |
| Positive, n (%) | 22 (24.2) |
| Pancreatitis, n (%) | 8 (8.8) |
| Recurrence, n (%) | 18 (19.8) |

Outcome according to pathology



Outcome according to margin



Conclusion

- **Initial biopsy is not reliable**. Careful approach is needed in treatment and follow-up.
- **APC** is a very effective way of treating the patients with ampullary adenoma recurrence after endoscopic papillectomy in long-term follow up.
- In some recur cases, tissue removal with **adequate biopsy** was enough for minute recurrence.