

panded. In this context, authors present a case/iconography and make brief discussion regarding ESD as an established modality for curative resection of selected gastrointestinal (GI) lesions.

MATERIAL E

MÉTODOS: 75 year-old female patient referred to gastroenterology outpatient clinic for refractory dyspepsia. Objective and analytical examinations were unremarkable. Esophagogastroduodenoscopy (EGD) revealed atrophic mucosa at the antrum and a 10x15mm, Paris 0-IIa, flat lesion at the lesser curvature of the lower gastric body. Biopsies revealed: Intestinal metaplasia and chronic active gastritis, both associated to *Helicobacter pylori* (HP); tubular low-grade dysplasia adenoma on the identified flat lesion.

RESULTADOS: Patient was referred to a high-volume ESD centre where endoscopic resection allowed an en block removal of the lesion. Diagnosis (WHO): High-grade intraepithelial neoplasia; Vienna Classification: Category 4.1; Staging (AJCC): pTis R0. One year endoscopic/histological follow-up showed no residual lesions. The patient achieved successful HP eradication.

DISCUSSÃO: This case's interest is twofold: Points out the role of EGD for (pre)malignant gastric lesions screening on a both HP and gastric cancer high prevalence country; highlights ESD applied for adequate curative non-surgical resection of GI lesions by trained professionals.

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TÍTULO: Today, In The Endoscopist Hands

OBJECTIVO/

INTRODUÇÃO:Endoscopic submucosal dissection (ESD) was first described as a non-surgical promise for early gastric epithelial lesions. Over time, ESD applications have ex-

