

Microcirurgia endoscópica transanal

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Preceptor de Coloproctologia da Santa Casa de BH

Titular da Sociedade Brasileira de Coloproctologia

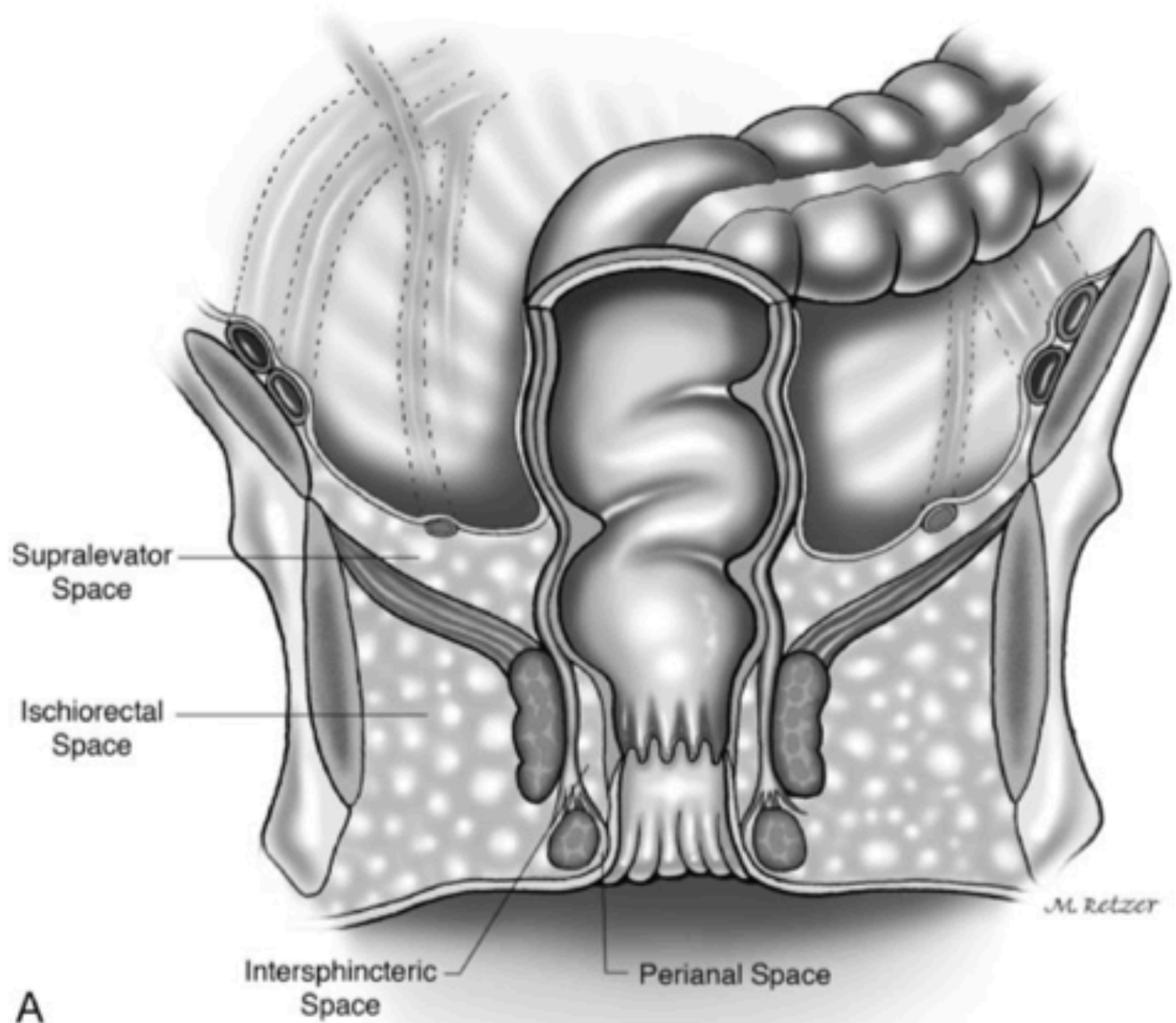
Titular da Sociedade Brasileira de Cirurgia Minimamente Invasiva e Robótica

Fellow em Colonoscopia avançada em Hiroshima, Japão

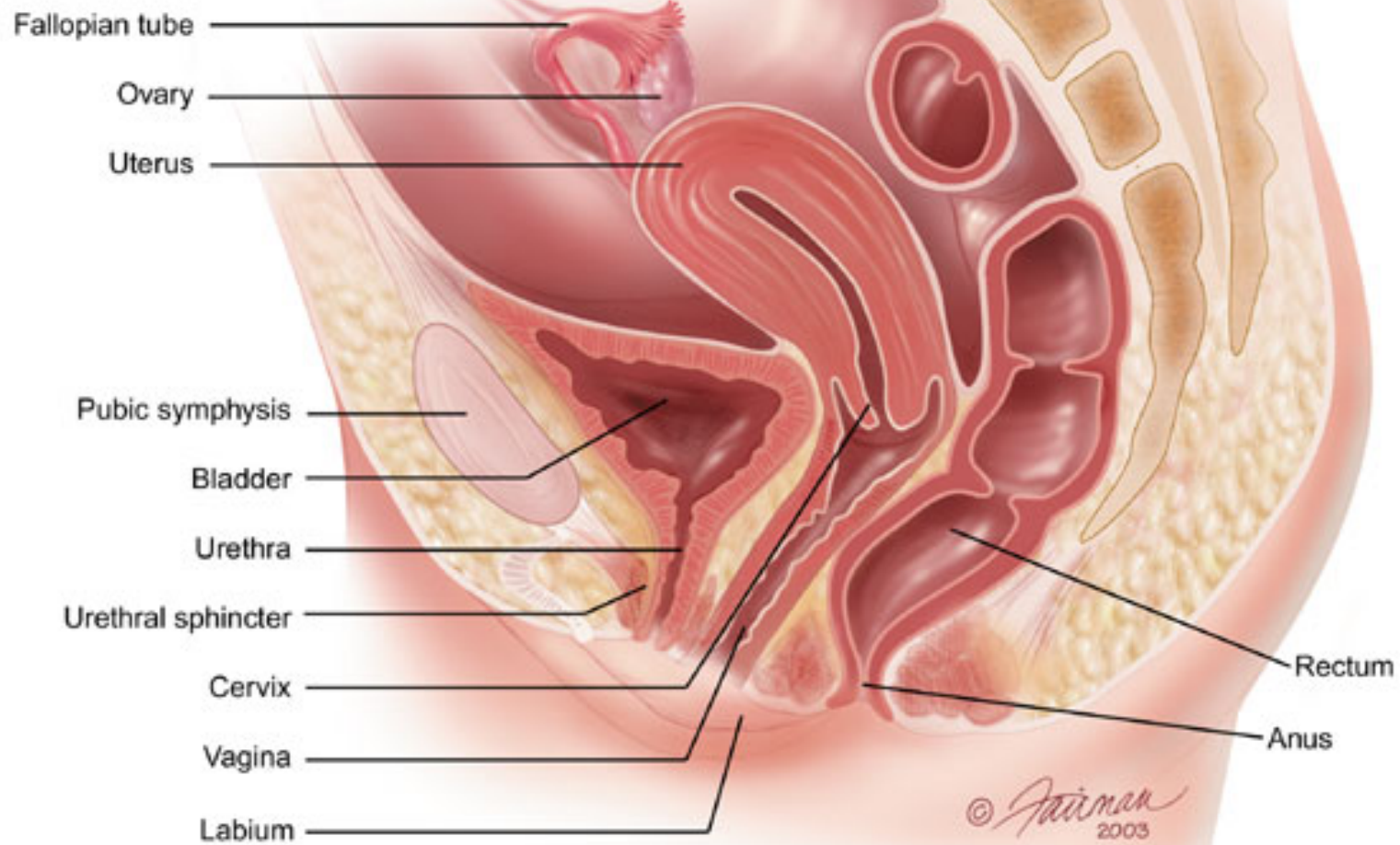
Fellow em Carcinomatose em Lyon, França

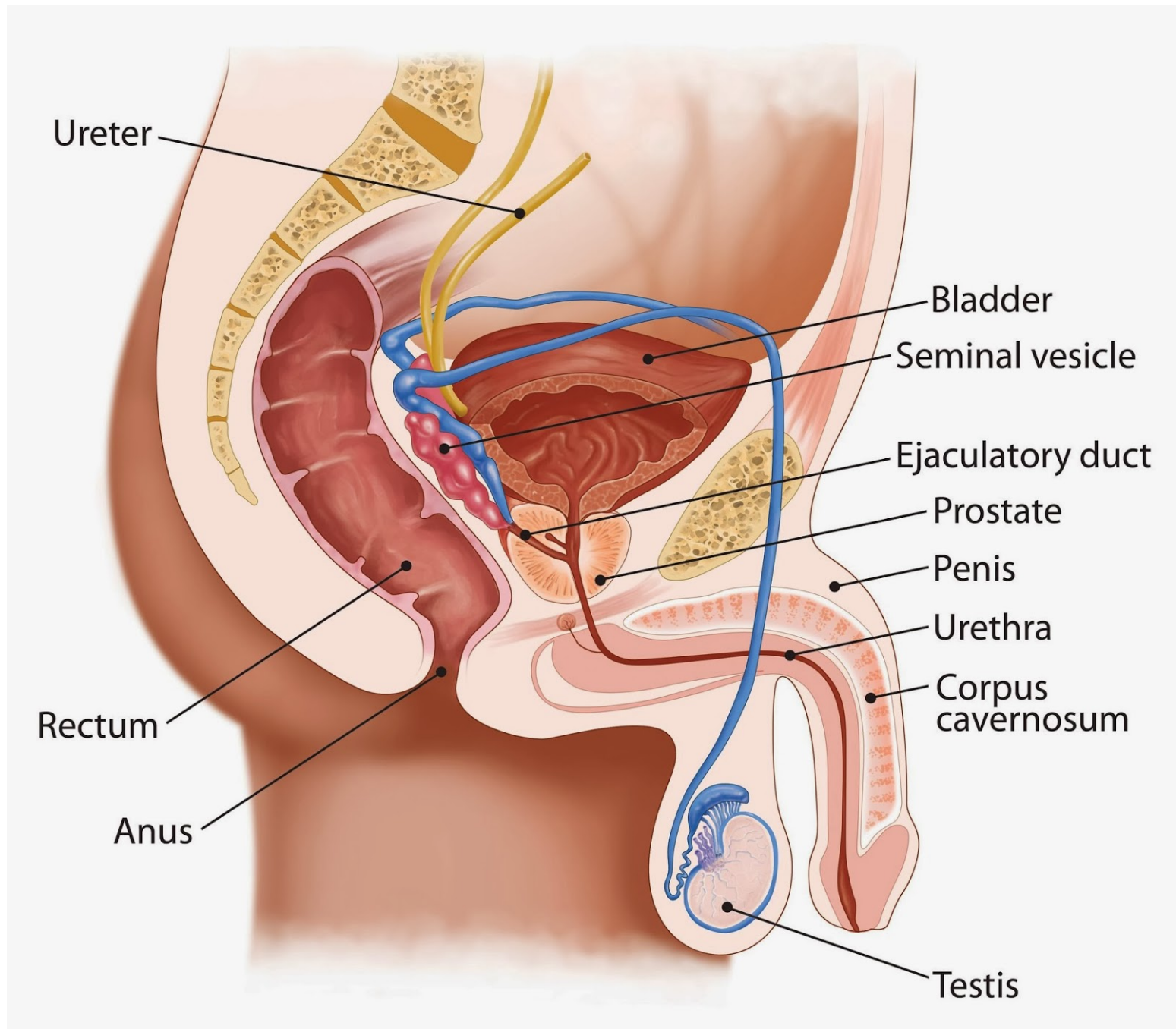
Fellow em Cirurgia Robótica em NY, EUA

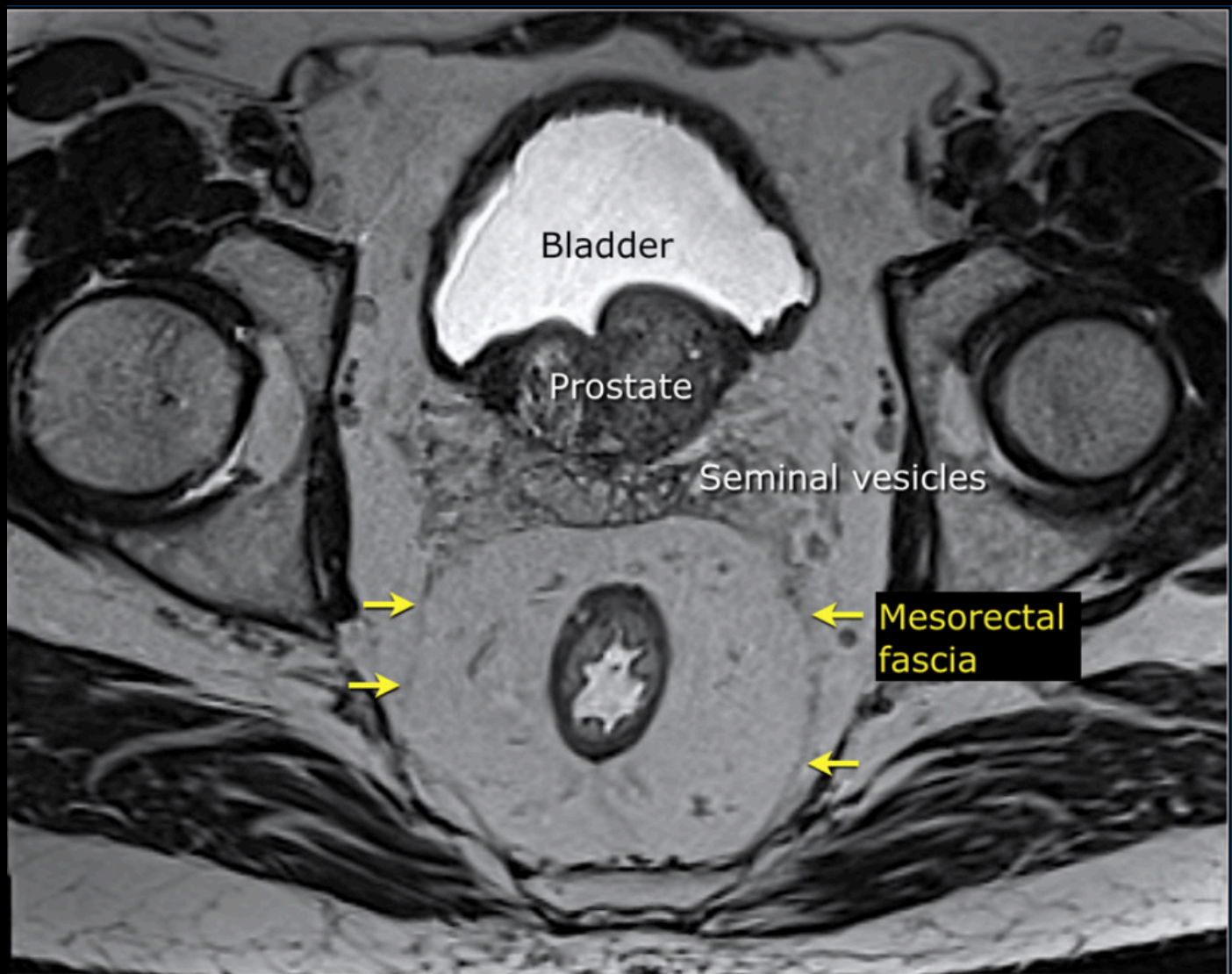


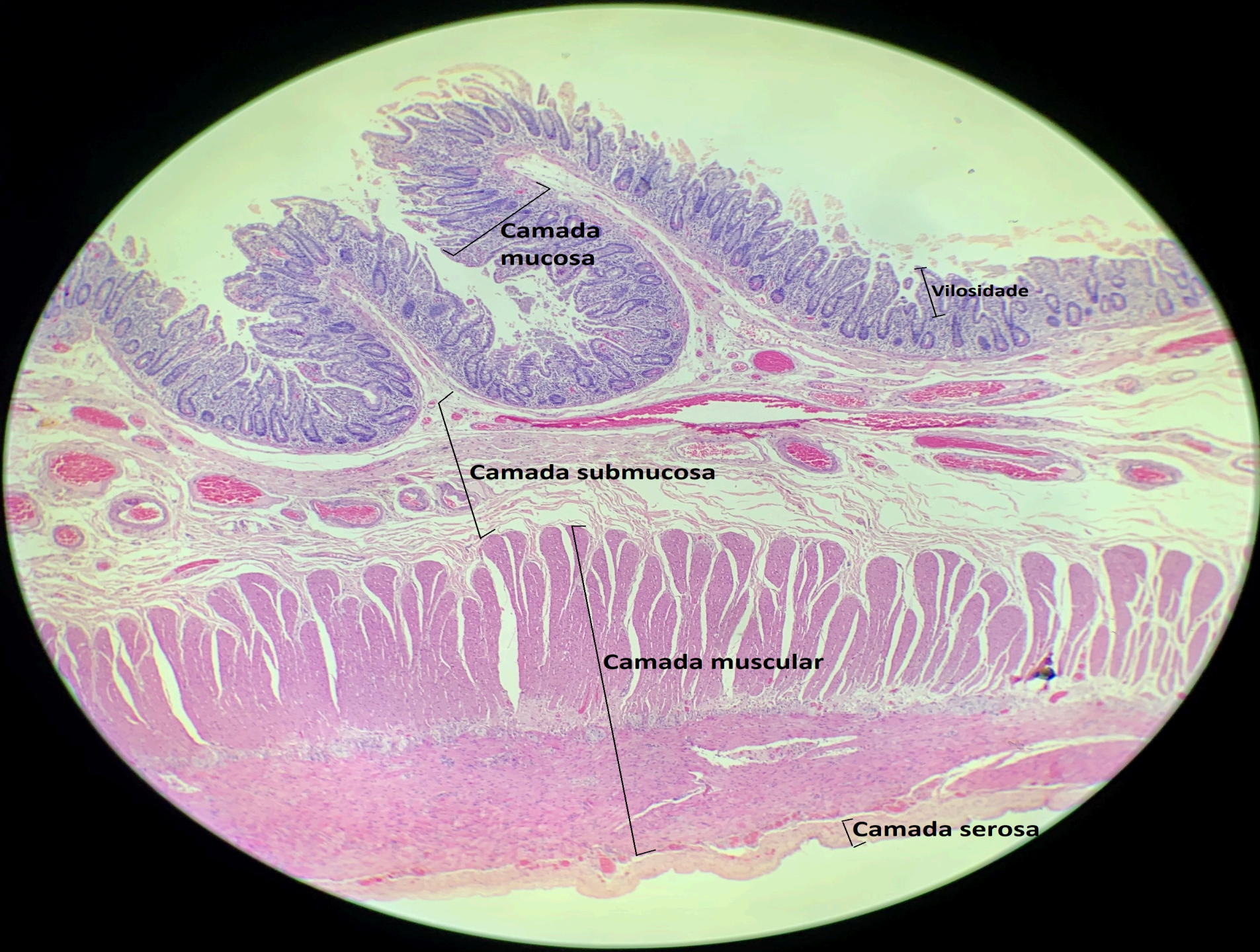


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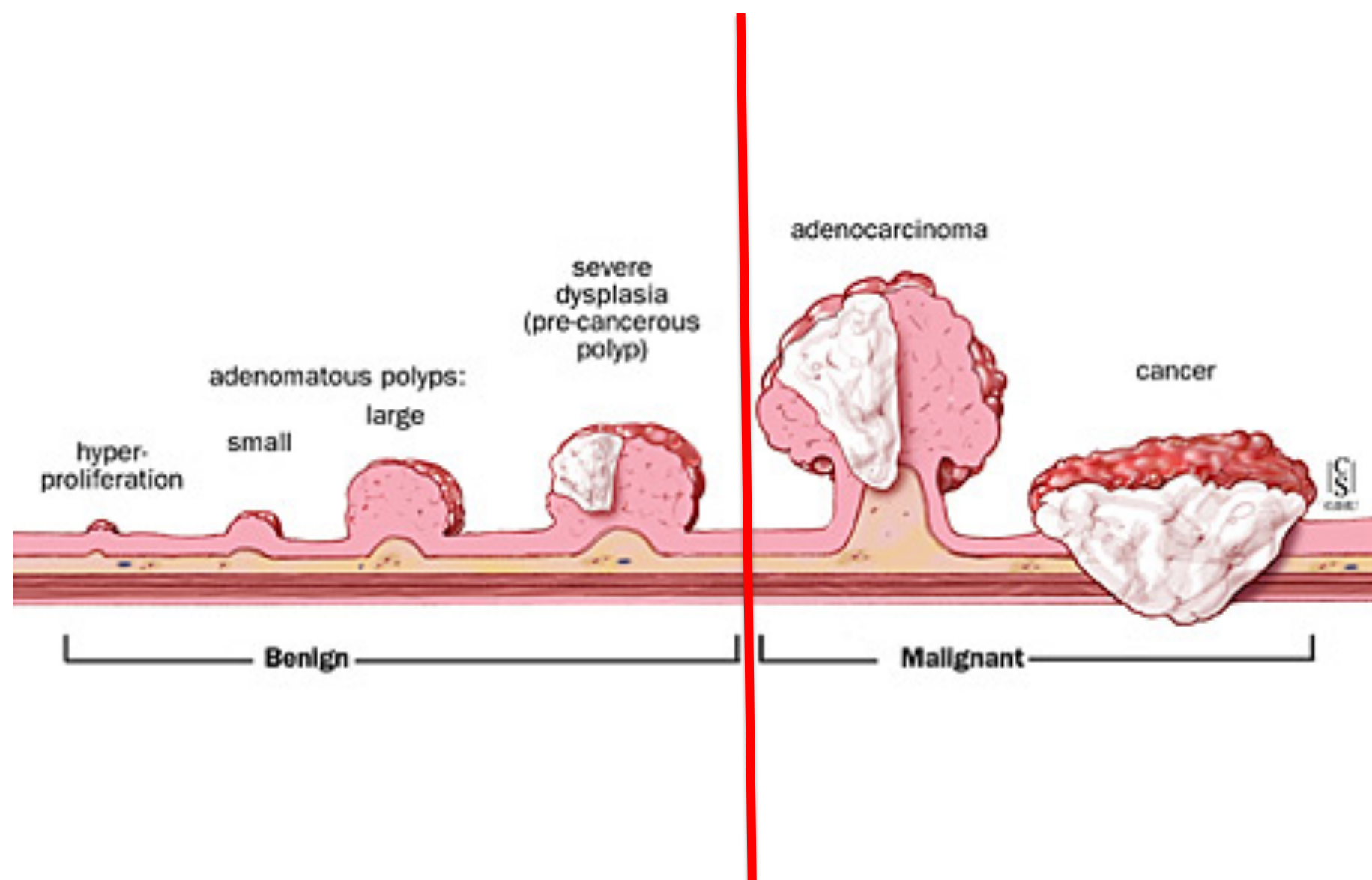
**Camada
mucosa**

Vilosidade

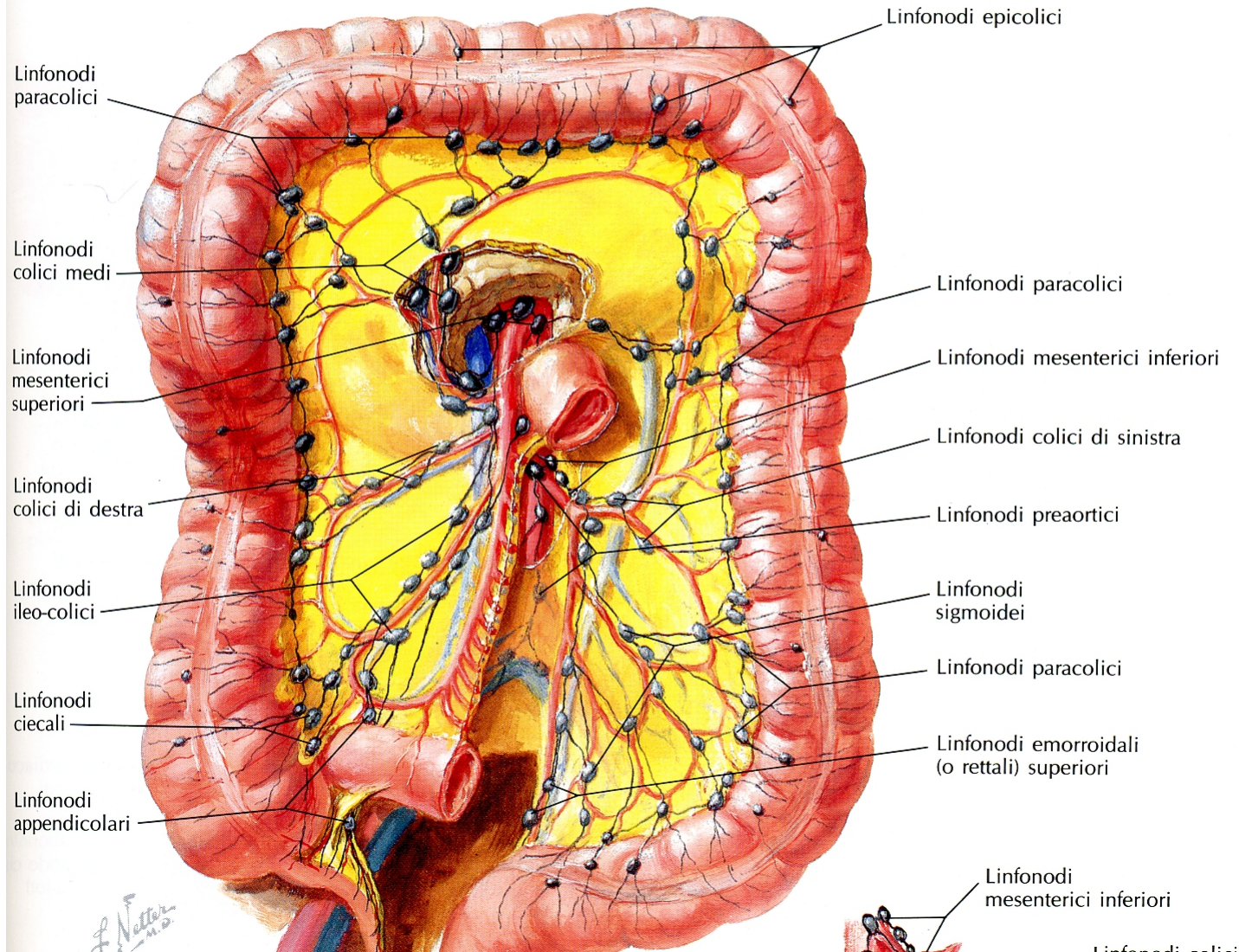
Camada submucosa

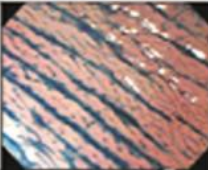
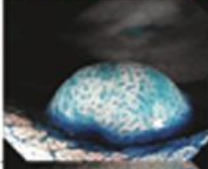
Camada muscular

Camada serosa



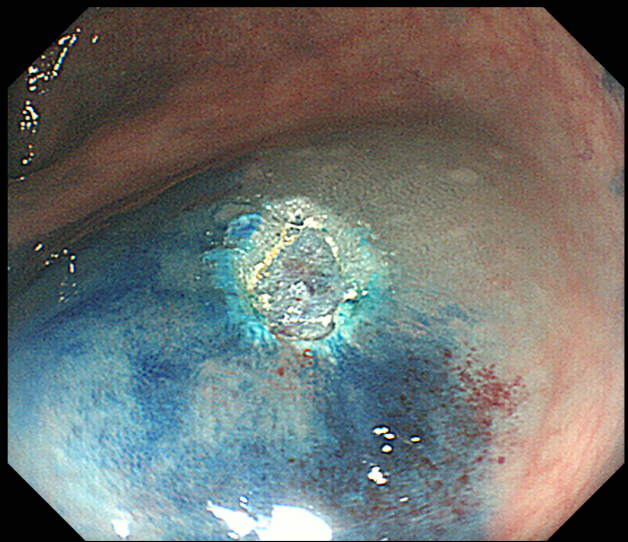
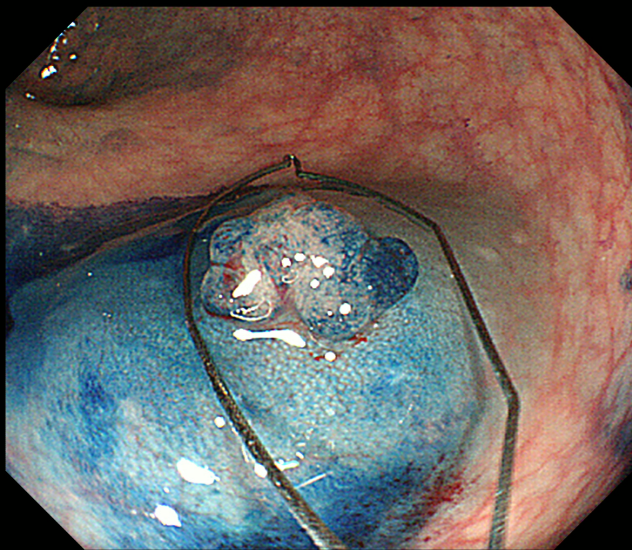
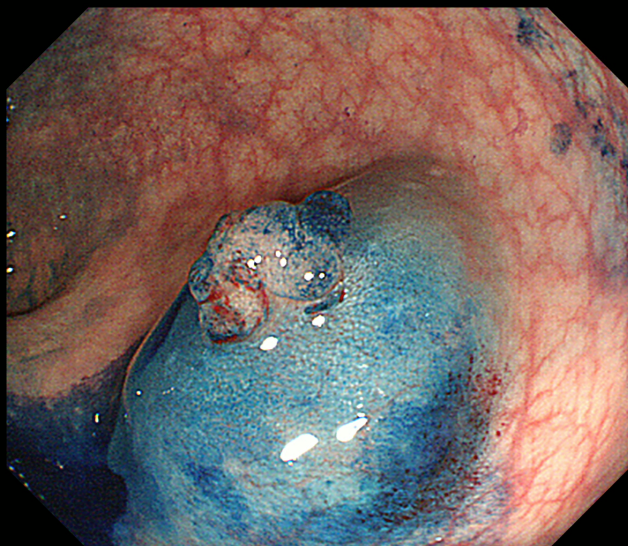
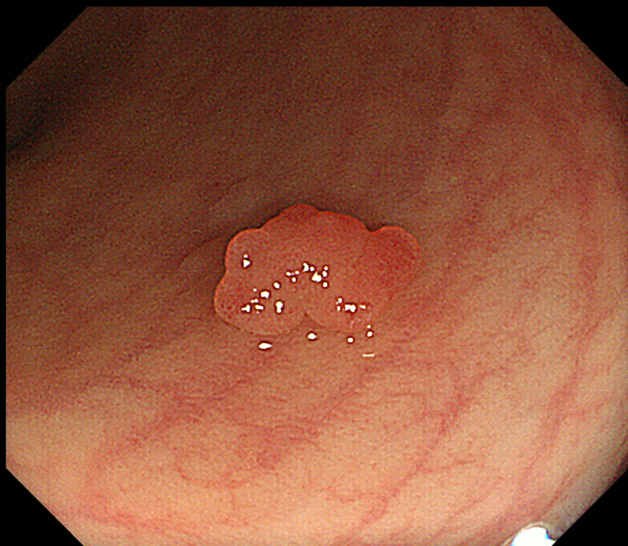
Vasi linfatici e linfonodi dell'intestino crasso



I		Round pit (normal pit)	
II		Asteroid pit	
III _s		Tubular or round pit that is smaller than the normal pit (Type I)	
III _L		Tubular or round pit that is larger than the normal pit (Type I)	
IV		Dendritic or gyrus-like pit	
V _I		Irregular arrangement and sizes of III _L , III _s , IV type pit pattern	
V _N		Loss or decrease of pits with an amorphous structure	

Type	Pit pattern	Definition	Usual histopathological findings
Type I		round pits	normal
Type II		asteroid or papillary pits	hyperplastic
Type III _s		small tubular or roundish pits	intramucosal adenocarcinoma (28.3 %) adenoma (73 %) (depressed lesion)
Type III _L		large tubular or roundish pits	adenoma (86,7 %) (protruded lesion)
Type IV		branch-like or gyrus-like pits	adenoma (59.7 %) (almost tubulovillous adenoma) intramucosal adenocarcinoma (37.2 %)
Type V		non-structural pits	submucosal adenocarcinoma (62.5 %)

FIGURA 4 – Classificação dos *pit patterns* colorretais (Kudo⁽²⁾).

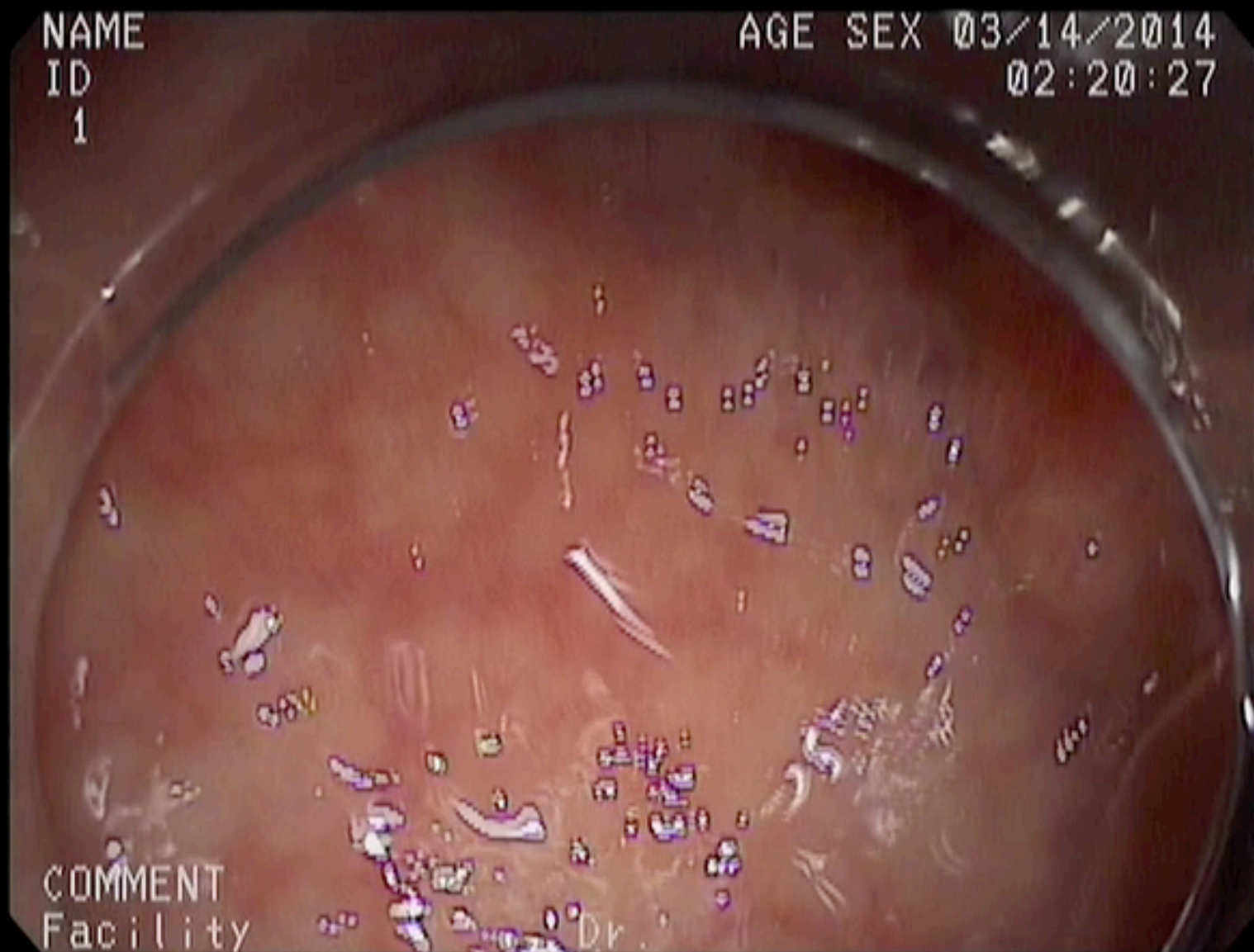


NAME
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COMMENT
Facility

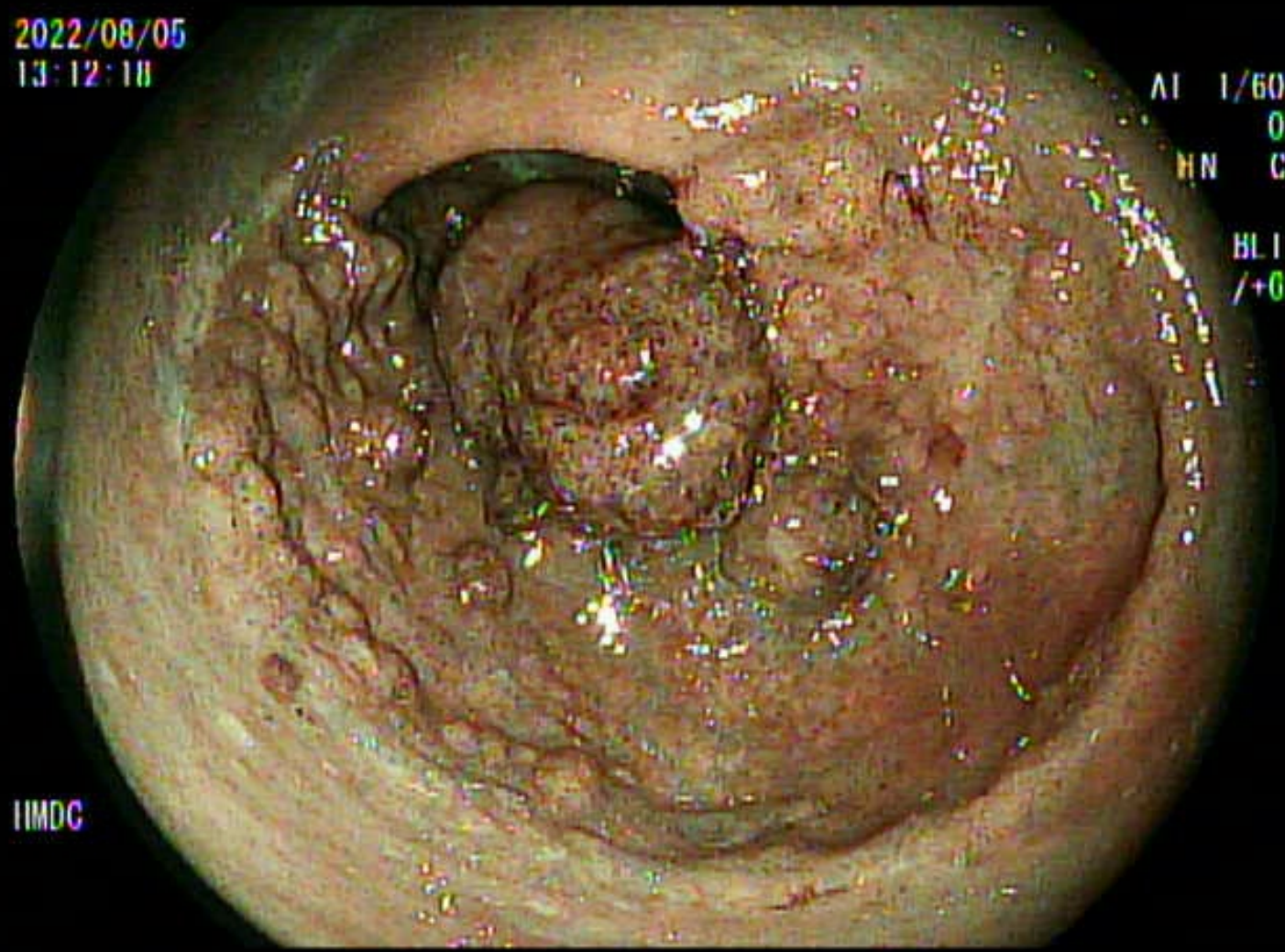
Dr.



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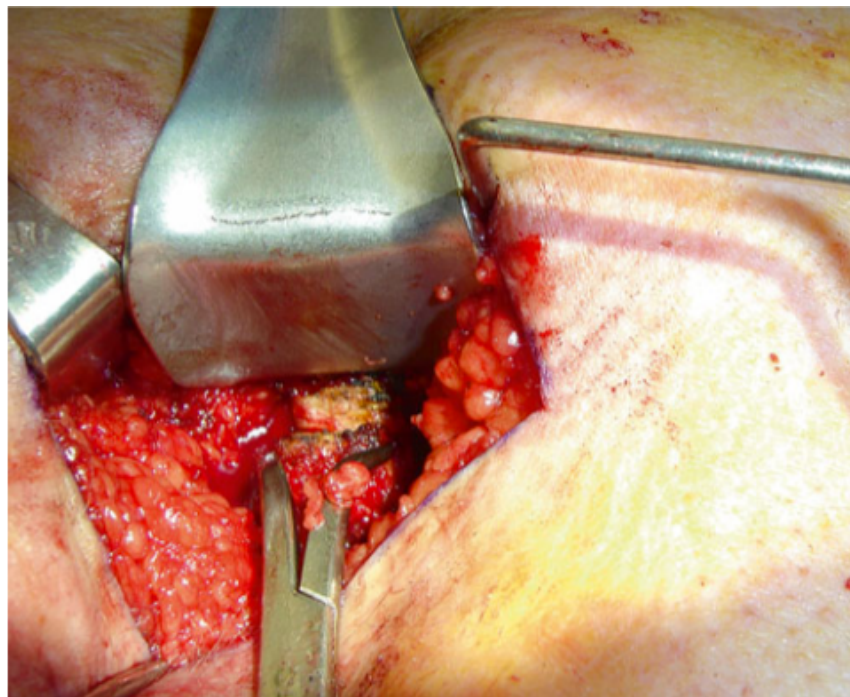
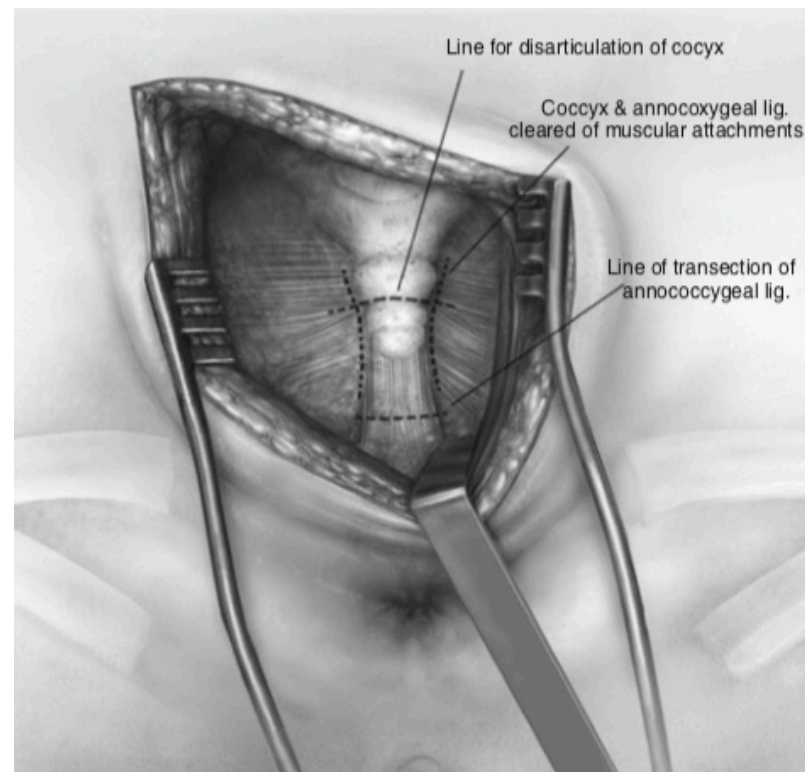
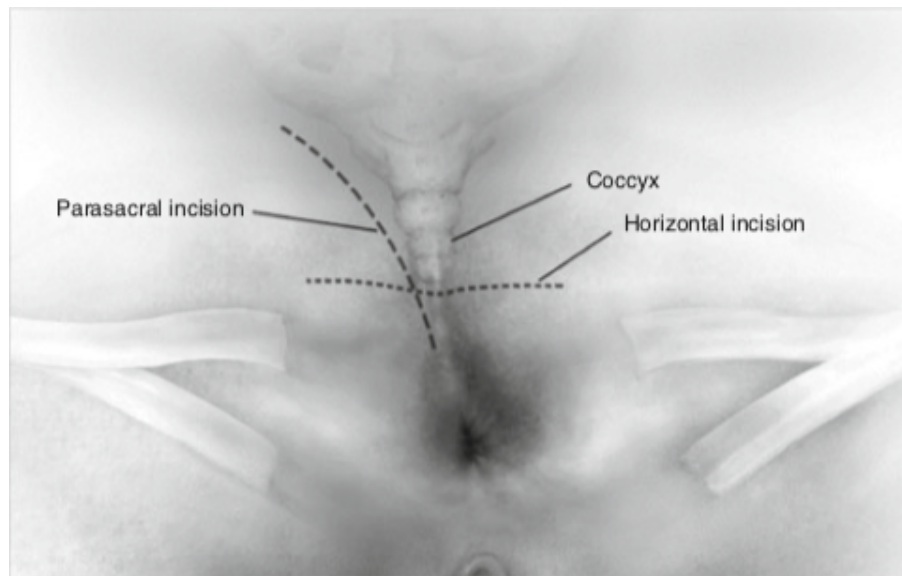
IIMDC

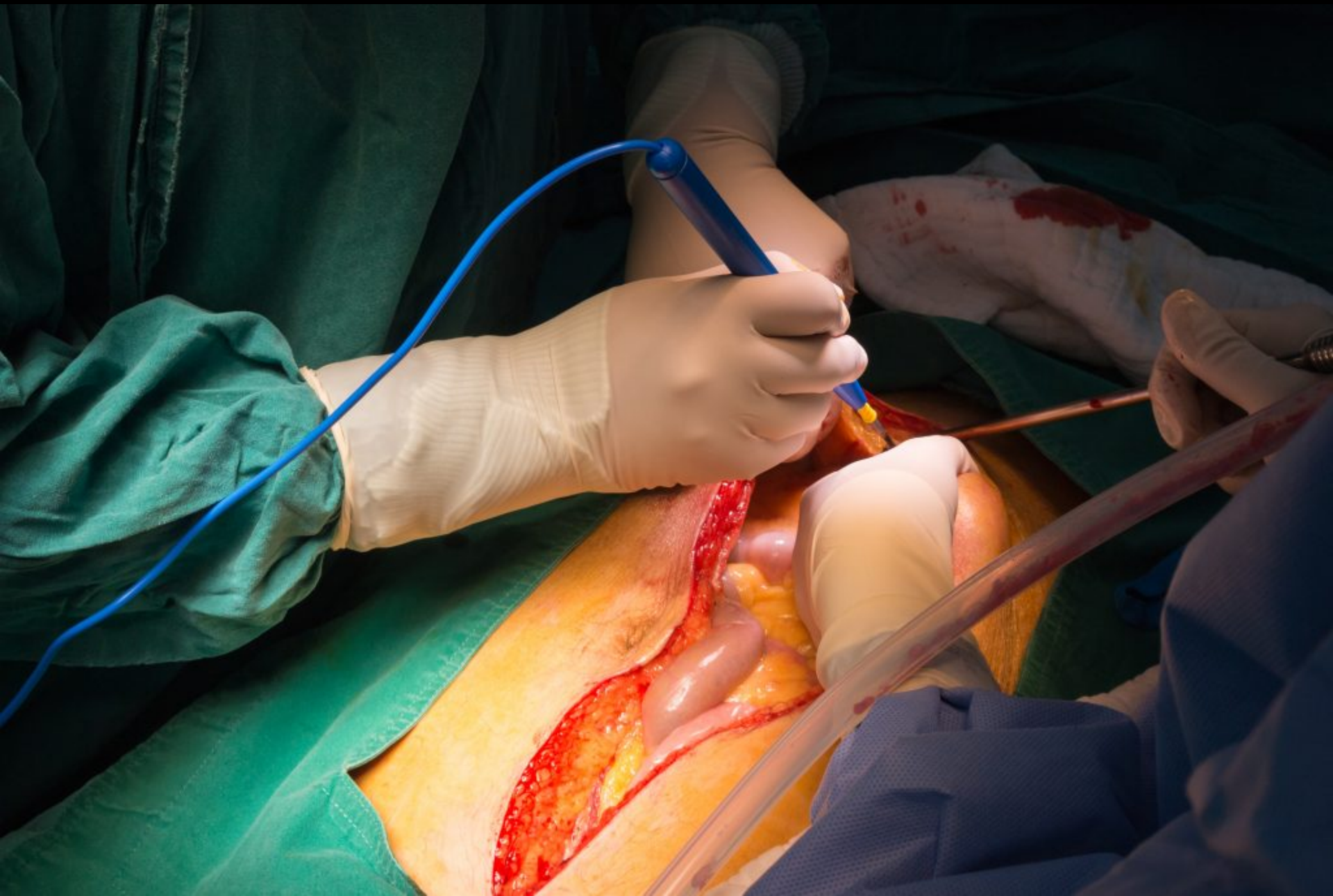


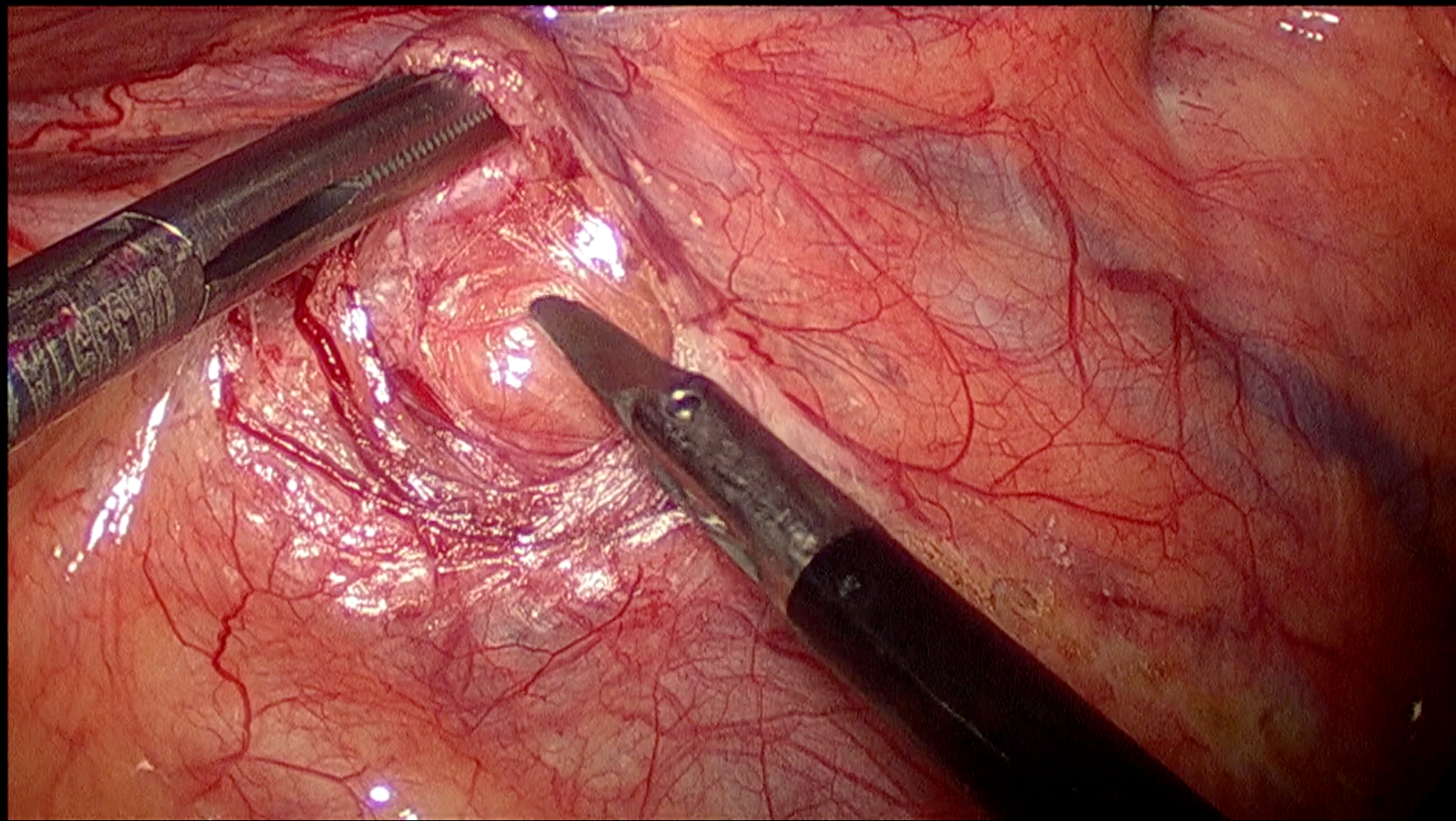


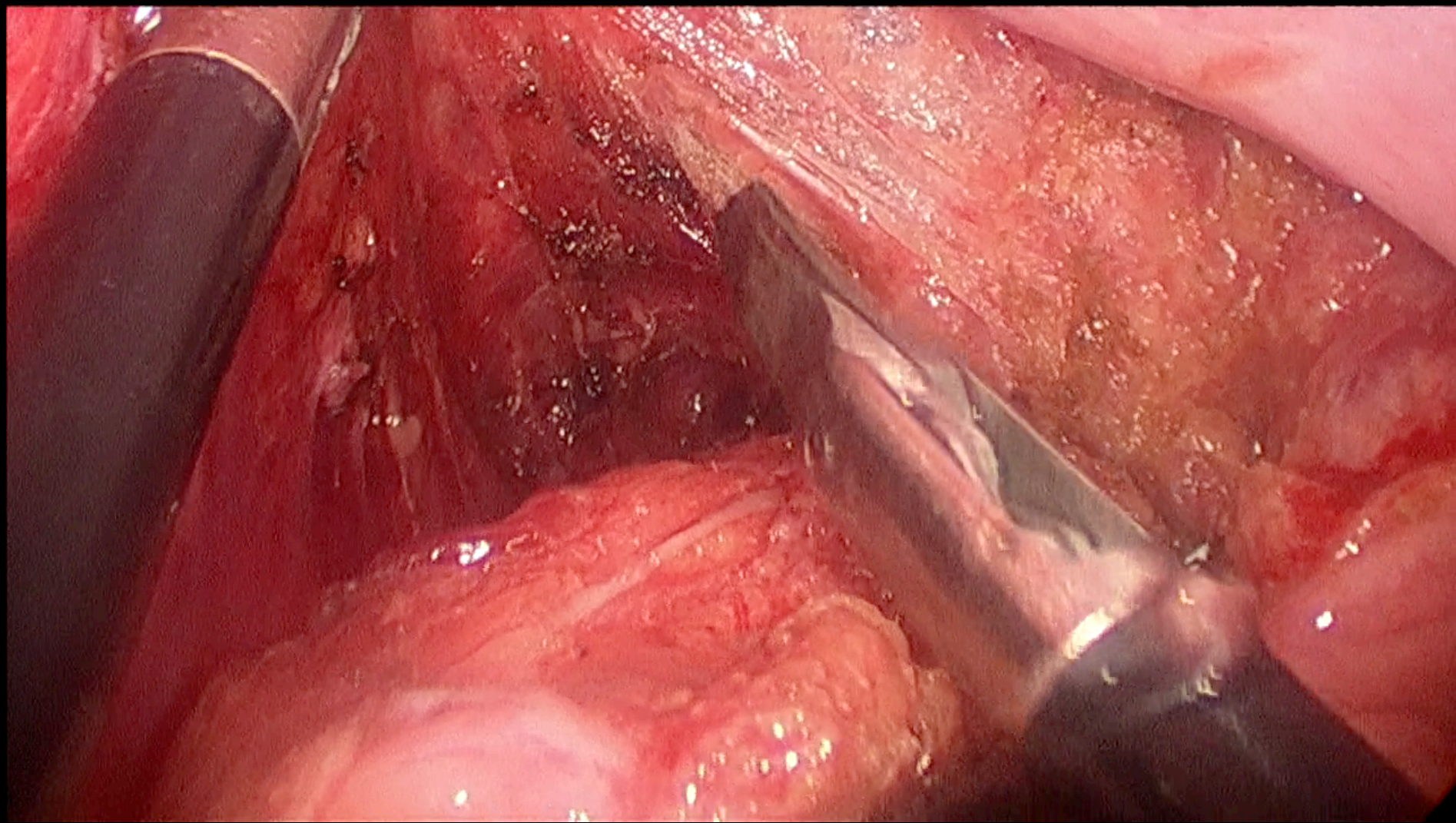
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Credit: grafisphos





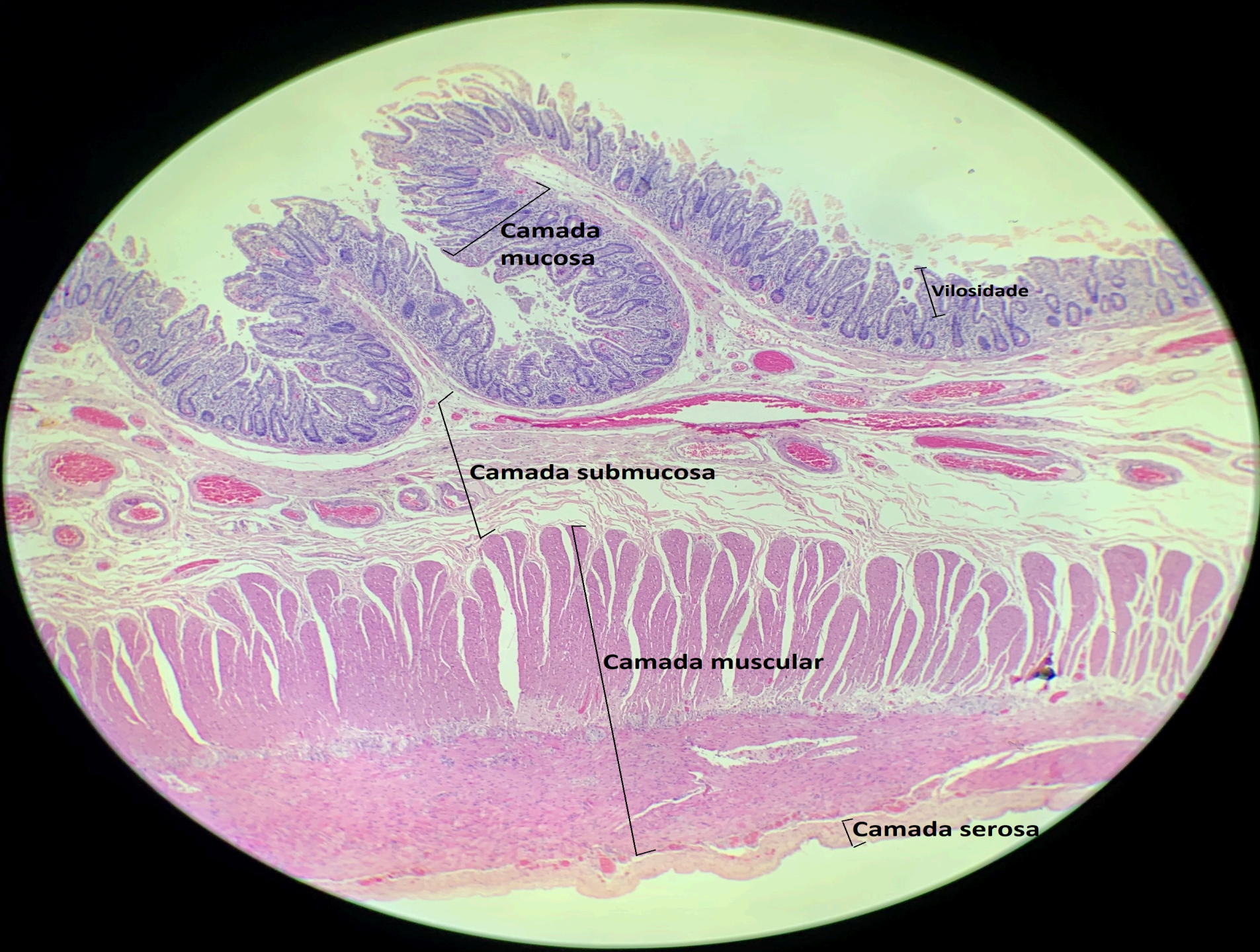










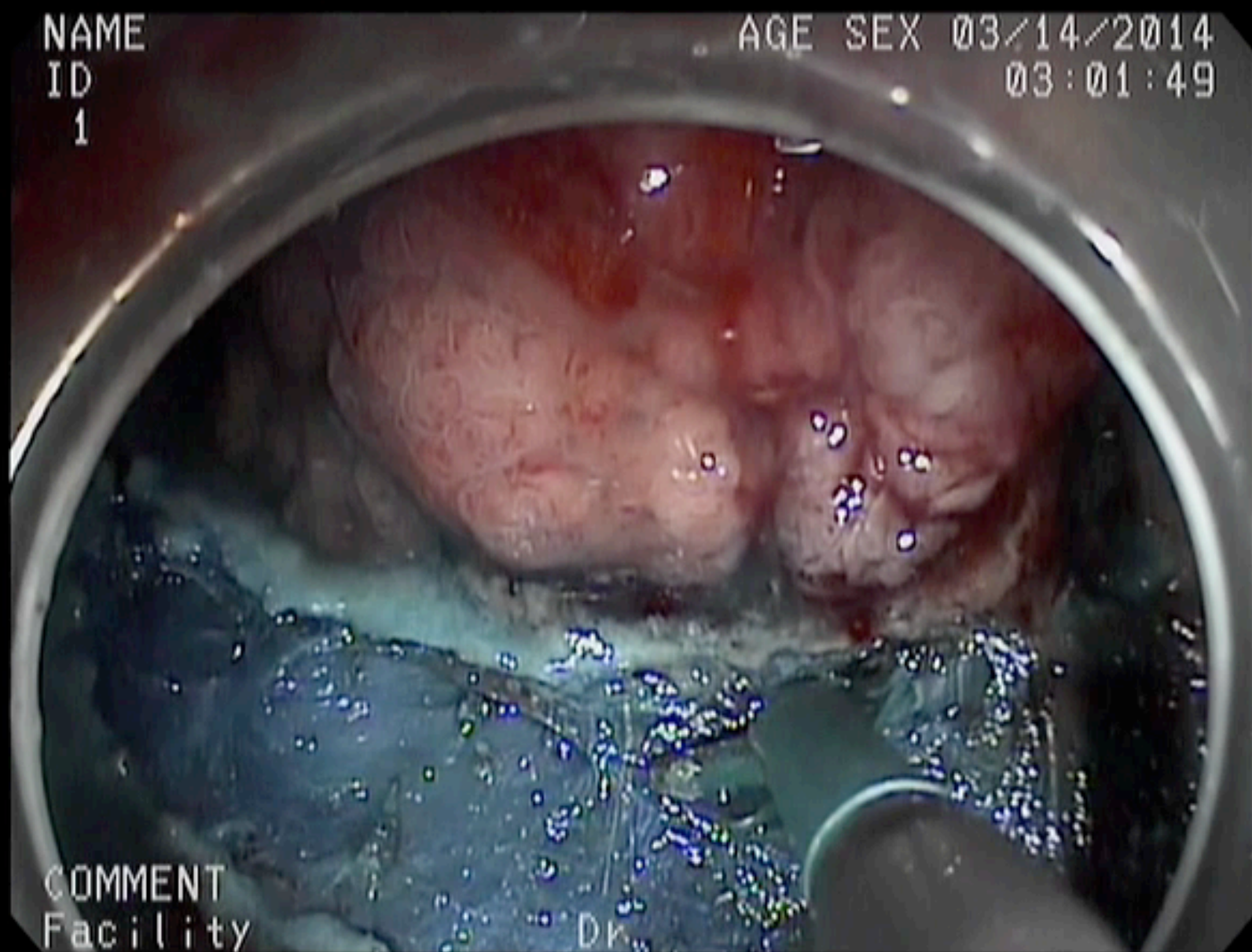


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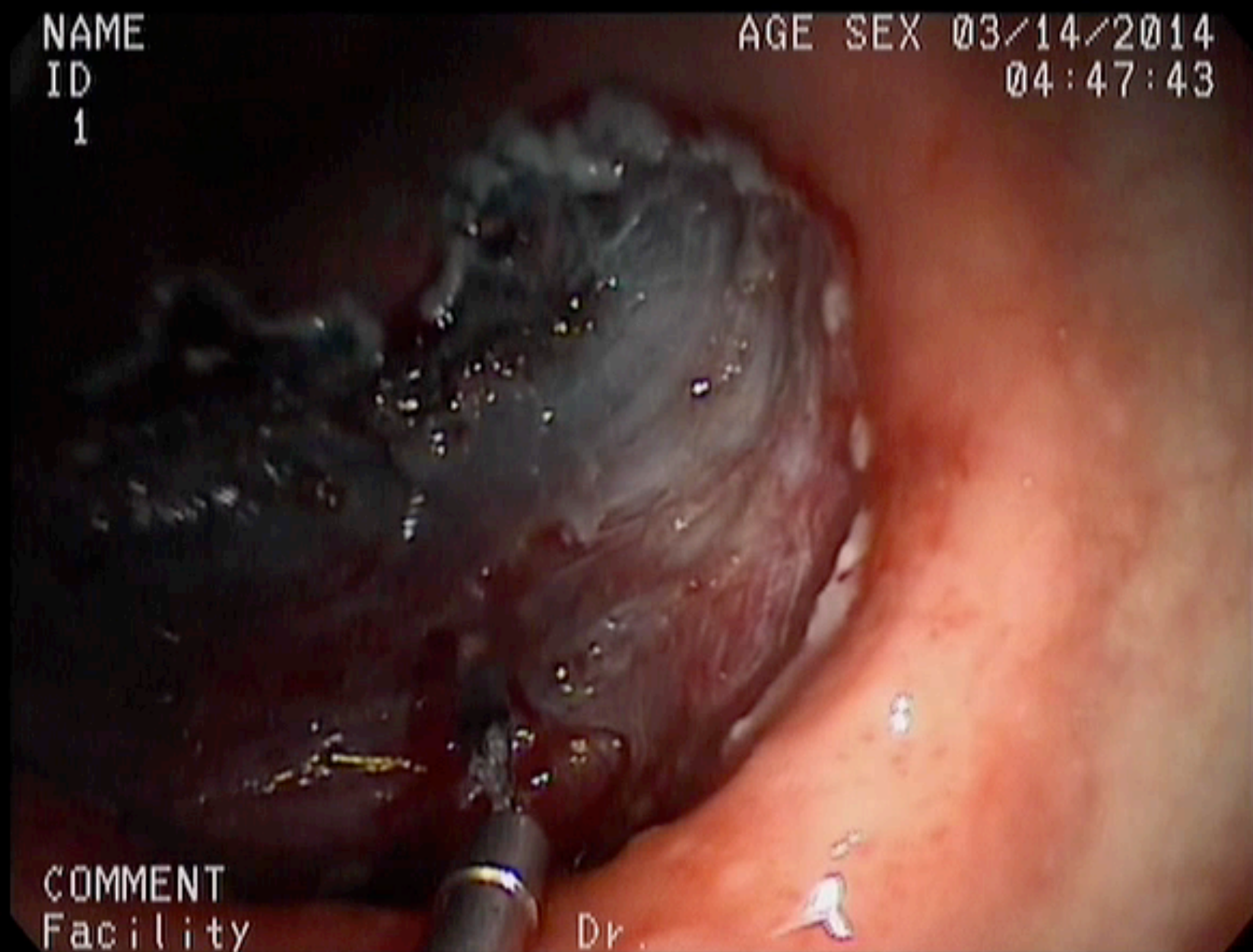


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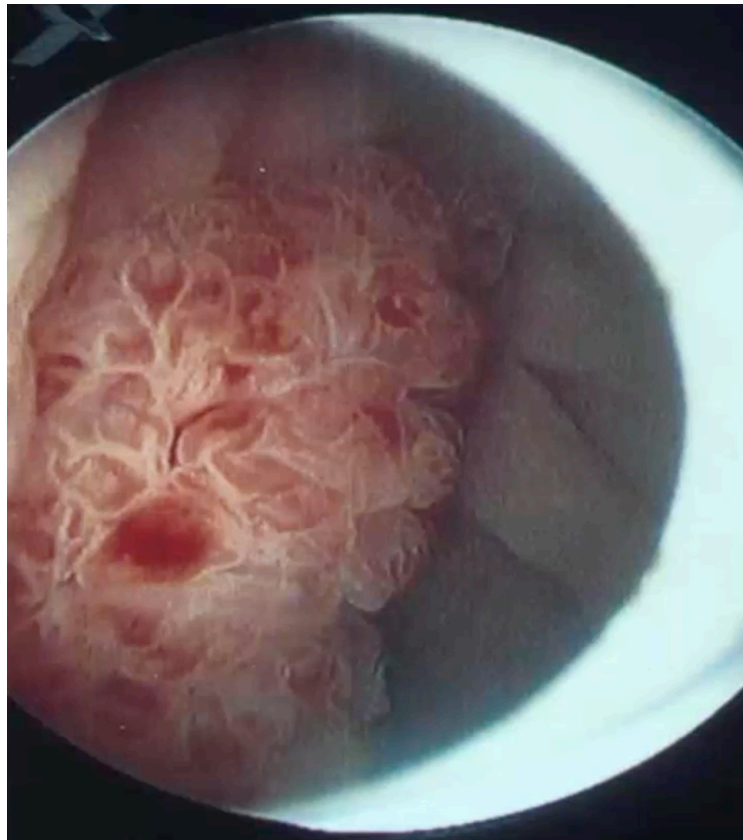
COMMENT
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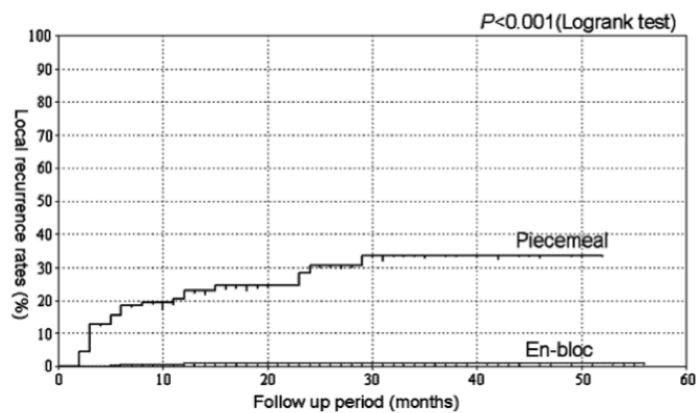
1980

- Robert Baigre – África do Sul





0,7% X 23,5%



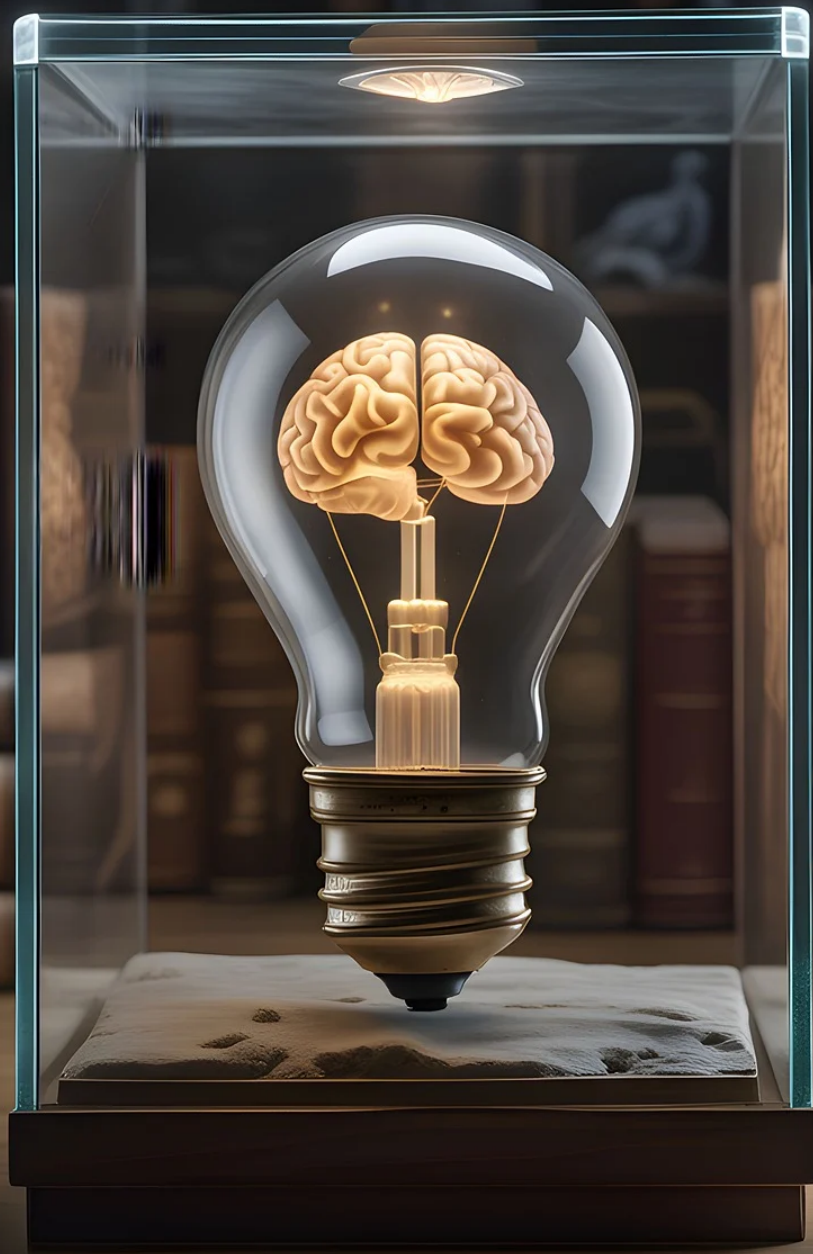
Int J Colorectal Dis (2009) 24:225–230

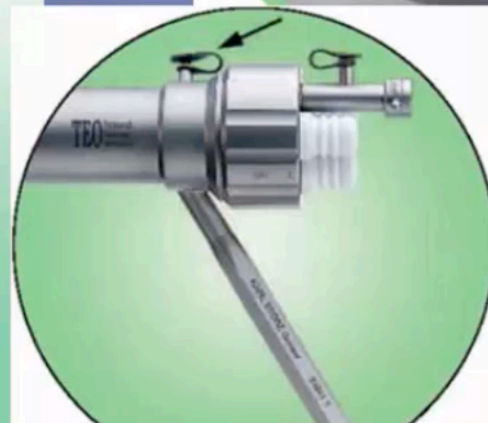
DOI 10.1007/s00384-008-0596-8

ORIGINAL ARTICLE

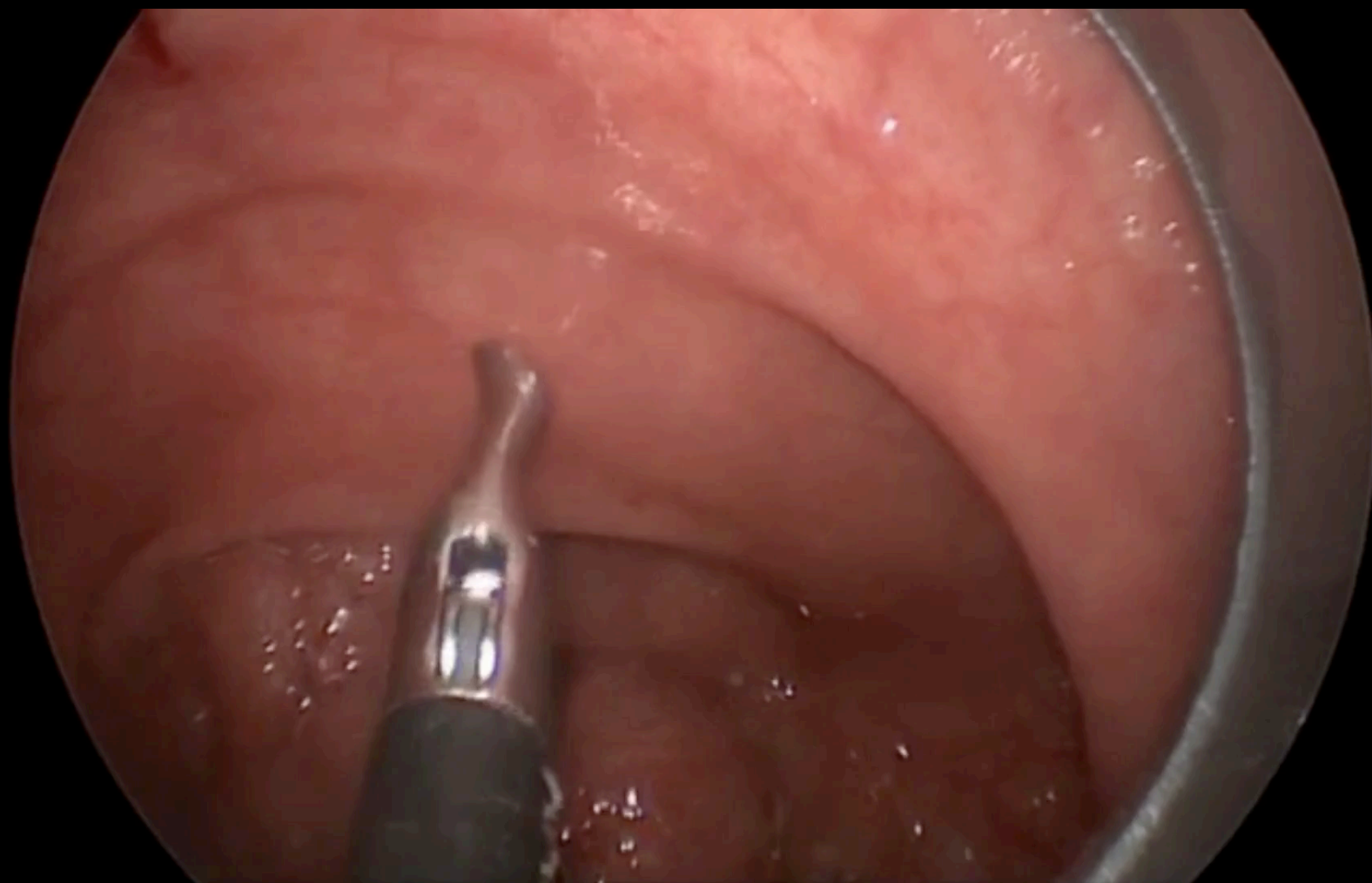
Local recurrence after endoscopic resection of colorectal tumors

Kinichi Hotta • Takahiro Fujii • Yutaka Saito •
Takahisa Matsuda

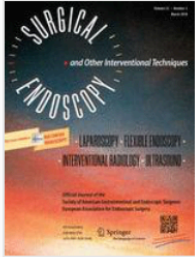








CURVA DE APRENDIZAGEM



[Surgical Endoscopy](#)

..... March 2018, Volume 32, [Issue 3](#), pp 1368–1376 | [Cite as](#)

Establishing the learning curve of transanal minimally invasive surgery for local excision of rectal neoplasms

Authors

[Authors and affiliations](#)

Lawrence Lee , Justin Kelly, George J. Nassif, Deborah Keller, Teresa C. Debeche-Adams, Paul A. Mancuso,
John R. Monson, Matthew R. Albert, Sam B. Atallah

Conclusions

TAMIS for local excision of rectal neoplasms is a complex procedure that requires a minimum of 14–24 cases to reach an acceptable R1 resection rate and lower operative duration.

INDICAÇÃO

■ Boa indicação é fundamental

Dis Colon Rectum. 2005 Feb;48(2):270-84.

Transanal endoscopic microsurgery: a systematic review.

Middleton PF¹, Sutherland LM, Maddern GJ.

Author information

CONCLUSIONS: The evidence regarding transanal endoscopic microsurgery is very limited, being largely based on a single relatively small randomized, controlled trial. However, transanal endoscopic microsurgery does appear to result in fewer recurrences than those with direct local excision in adenomas and thus may be a useful procedure for several small niches of patient types--e.g., for large benign lesions of the middle to upper third of the rectum, for T1 low-risk rectal cancers, and for palliative, not curative, use in more advanced tumors.

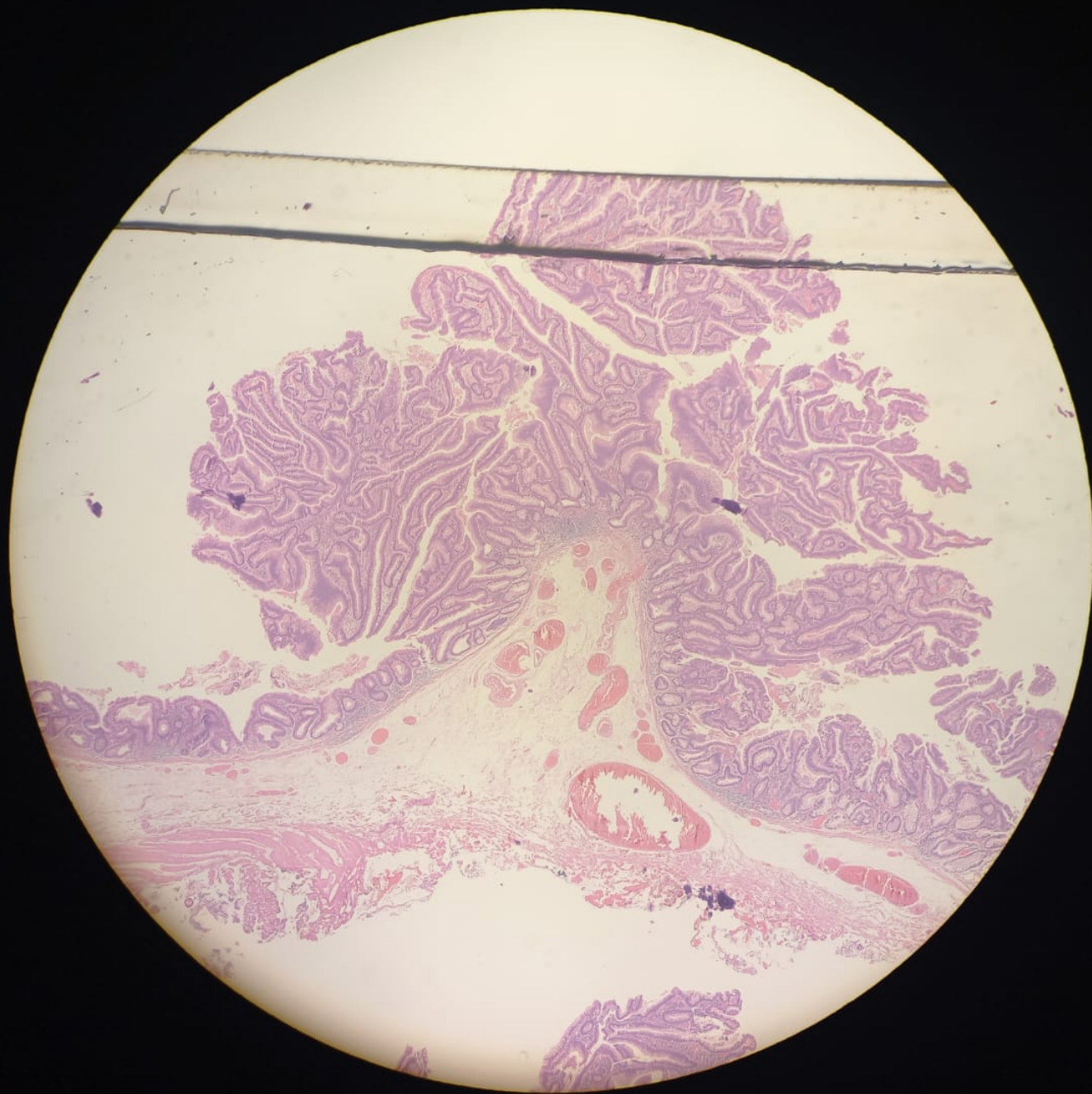
- Lesões subepiteliais (neuroendócrino)
- Recidivas de adenomas devido a fibrose

Transanal Endoscopic Submucosal Dissection For Large Rectal Lesions

Meyer MMMDE, MD; Neves PM,MD; Lima, H

Colorectal Department

Rede Mater Dei de Saúde





1

2

FENESTRATED
BIPOLAR FORCEPS

COAG

3

DESAUD PLAR P/ MOVER MESA



LASER OFF

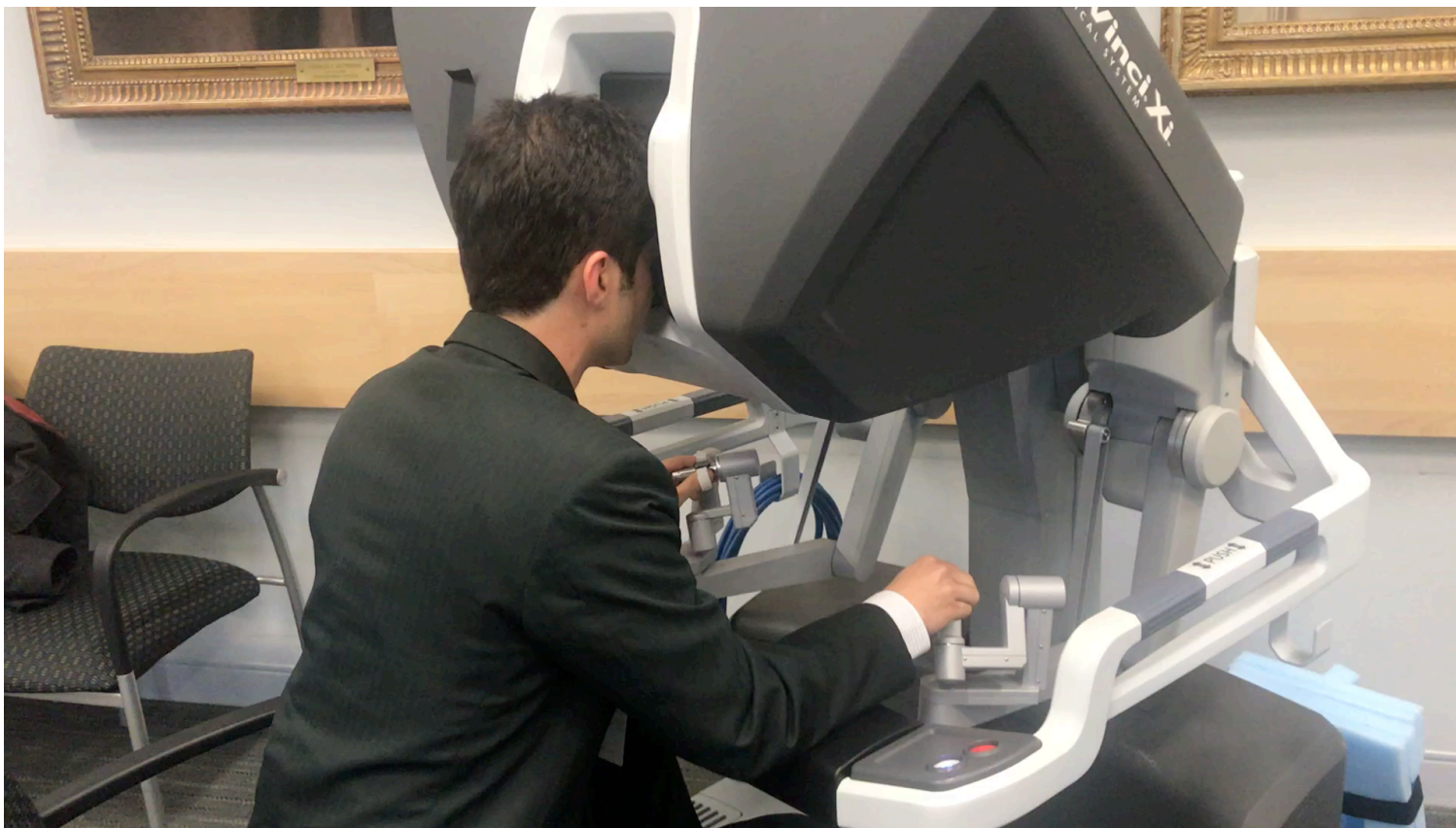
1x 30°

4

MONOPOLAR CURVED
SCISSORS

CUT
COAG

FUTURO OU PRESENTE?



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