Is endoscopic mucosal resection optimum for treating colonic angiodysplasia?

Colonic angiodysplasias are vascular malformations frequently responsible for recurrent bleeding, for which the gold standard endoscopic treatment is argon plasma coaquiation (APC). However, APC can be risky, particularly in the right colon and in cases of large angiodysplasias. Indeed, secondary perforation caused by transmural necrosis due to the unpredictability of the destruction depth is a potentially life-threatening complication of APC in the right colon (prevalence 1%) [1]. Moreover, APC frequently induces immediate bleeding and clot formation, reducing its efficacy and leading to a high rebleeding rate. Finally, the cost of the procedure is not negligible and patients suffering from bleeding often require urgent transfer to a specialist center.

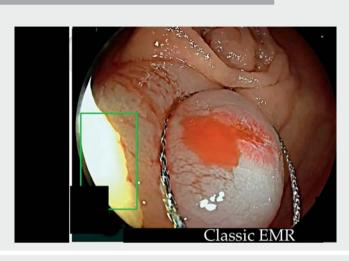
We report endoscopic mucosal resection (EMR) as an alternative for treating colonic angiodysplasia. After NaCl injection, EMR is performed using an Endocut current to remove angiodysplasia (> Video 1, > Fig. 1, > Fig. 2). Coagulation of the resection scar (> Fig. 3) is performed simultaneously with identification of the feeding vessel, which is coagulated using the tip of the snare. Finally, the scar is closed using classic hemoclips (> Fig. 4). An Australian team has reported that this method shows promise based on its broad availability, low cost, and rapidity [2].

Angiodysplasia is caused by vascular ramification in the mucosae originating from a feeding vessel. Targeting the feeding vessel by EMR could be the optimum treatment modality. A prospective comparative study is needed to confirm this hypothesis.

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Competing interests

The authors declare that they have no conflict of interest.





▶ Video 1 Endoscopic mucosal resection of a right colon angiodysplasia.



▶ Fig. 1 Angiodysplasia of the right colon.



► Fig. 2 Endoscopic mucosal resection of the angiodysplasia.



► Fig. 3 Scar after endoscopic mucosal resection.



▶ Fig. 4 Closure of the scar.

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