Endosonography Probe-Guided Endoscopic Resection of Small Flat Rectal Carcinoid Tumor Using Band Ligation Technique

K. Akahoshi¹, T. Fujimaru¹,
K. Nakanishi², N. Harada³,
H. Nawata³

¹ Dept. of Gastroenterology,
Aso Iizuka Hospital, Iizuka, Japan

² Dept. of Pathology, Aso Iizuka Hospital,
Iizuka, Japan

³ Third Dept. of Internal Medicine,
Faculty of Medicine, Kyushu University,
Fukuoka, Japan

Corresponding Author

K. Akahoshi, M.D., Ph.D.
Dept. of Gastroenterology
Aso Iizuka Hospital
3-83 Yoshio
Iizuka 820-8505
Japan

Fax: + 81-948-298747

Email: akahoshi-kh1@aso-group.co.jp

Figure 1 Colonoscopy on a 42-year-old woman revealed a small rectal submucosal nodule.

Figure 3 The tumor was treated by endosonography probe-guided endoscopic resection using band ligation, by means of a gastroduodenoscope with an attached single-band ligator (Sumitomo Bakelite; Tokyo, Japan), and 5 ml of epinephrine-supplemented glycerin solution (gly) was injected underneath the lesion. Endosonography confirmed separation of the tumor from underlying muscle layer.

Figure 2 Subsequent endosonography using a 12-MHz ultrasound miniprobe (SP-701; Fujinon, Omiya, Japan) demonstrated a hypoechoic solid tumor (arrow) in the superficial submucosa (sm).

Figure 4 The lesion was aspirated into the ligator and the band was deployed, creating a bulging polyp. A snare polypectomy was performed below the band. Histological examination confirmed that the carcinoid tumor had been completely excised.