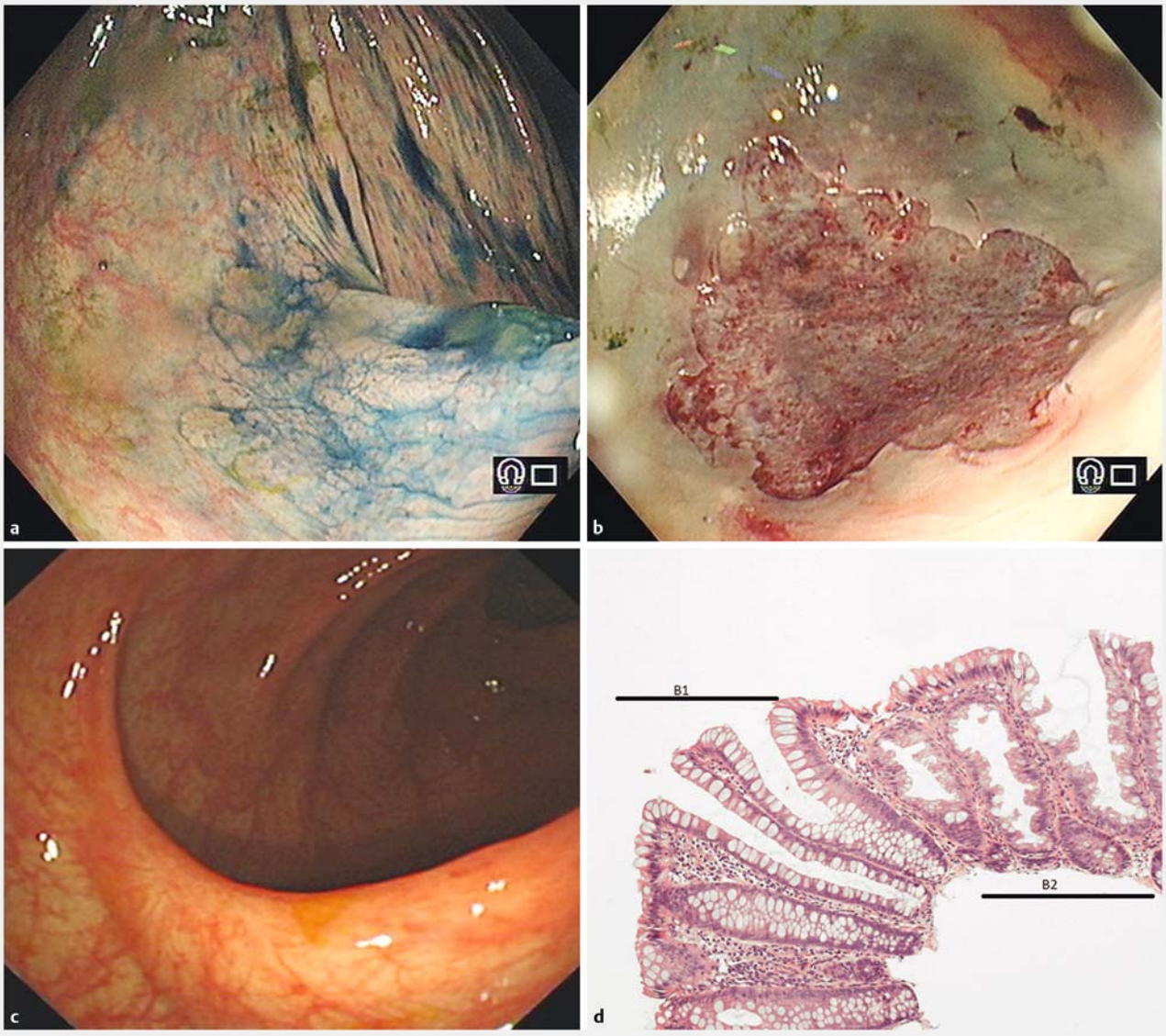
Resection of large sessile serrated polyps by cold piecemeal endoscopic mucosal resection: Serrated COld Piecemeal Endoscopic mucosal resection (SCOPE)



▶ **Fig. 1** Resection of a large sessile serrated polyp by cold piecemeal endoscopic mucosal resection (SCOPE) technique. **a** A 40-mm sessile serrated adenoma/polyp in the ascending colon; the edges are enhanced by chromoendoscopy. **b** Complete resection was achieved using the SCOPE technique. **c** No recurrence was observed at follow-up colonoscopy. **d** Normal mucosa in continuity with a serrated polyp highlights complete resection of the lesion (B1, normal mucosa; B2, serrated polyp).

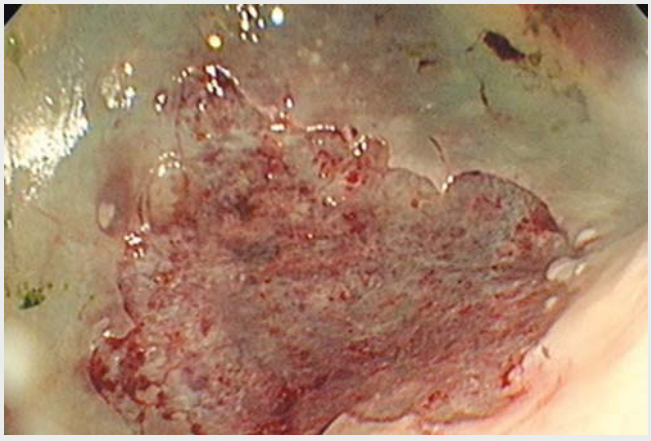
Sessile serrated adenomas/polyps (SSA/Ps) are frequently found in the proximal colon, where the wall is thinner and easily damaged by diathermy during polypectomy, which also carries a risk of delayed bleeding, perforation, and post-polypectomy syndrome. SSA/Ps are often flat with subtle, irregular edges making endoscopic assessment of their extent difficult [1]. This can lead to incomplete resection and risk of post-colonoscopy cancer [2].

Currently, cold snare resection (CSR) is considered the preferred technique to resect small polyps. It is safe, time efficient, and user friendly [3]. Recently, case series have highlighted the safety and efficiency of CSR for larger adeno-

▶ **Table 1** Patient and polyp characteristics.

Case #	Age, years	Location	Number of SSA/P	Size, mm (number of polyps)	Follow-up, months	Outcome
1	64	Ascending colon	1	30	12	No recurrence
2	62	Hepatic flexure	1	30	9	No recurrence
3	68	Ascending colon	1	30	7	5-mm residual polyp; cold snared
4	68	Ascending colon	1	20	7	No recurrence
5	42	Hepatic flexure	1	30	6	No recurrence
6	31	Cecum – transverse colon	7	10 (5), 15 (1), 20 (1)	12	No recurrence
7	39	Cecum – transverse colon	7	10 (4), 20 (3)	6	No recurrence
8	77	Ascending colon	2	12 (1), 18 (1)	8	No recurrence
9	34	Cecum – transverse colon	4	10 (2), 15 (2)	12	No recurrence
10	29	Ascending colon	4	10 (2), 15 (2)	7	No recurrence

SSA/P, sessile serrated adenoma/polyp.



Video 1 A 30-mm sessile serrated polyp was resected using the serrated cold piecemeal endoscopic mucosal resection (SCOPE) technique.

mas [4, 5]. In this series, we report our preliminary experience in achieving complete resection of large SSA/Ps using a cold piecemeal endoscopic mucosal resection (SCOPE) technique.

Following detection of an SSA/P, the polyp surface was assessed. The polyp was then lifted using a submucosal injection of 0.1 % hyaluronate and methylene blue, and resected using a small cold snare (9 mm, Exacto; US Endoscopy, Mentor, Ohio, USA) in a piecemeal manner (▶ **Video 1**). A gradual increase in snare closure pressure was applied to mechanically transect each polyp piece. Each polyp was resected with a small rim of adjacent normal mucosa (1 – 2 mm) in order to achieve a complete resection margin. The polypectomy defect edges were scrutinized for any remaining polyp and trimmed using the snare, or cold avulsed with a biopsy forceps (▶ **Fig. 1**, ▶ **Video 1**).

The SCOPE technique was applied successfully in 10 consecutive patients with 29 large SSA/Ps. We achieved complete resection in all cases (▶ **Table 1**). Minor oozing was noted in almost all cases; however, no hemostatic interventions were required. There were no adverse events during or after resection. Histology showed complete resection of polyps (▶ **Fig. 1**). In one polyp (3.4 %), a small area of residual tissue was observed at the follow-up examination; this was resected using cold snaring.

Endoscopy_UCTN_Code_TTT_1AQ_2AD

Competing interests

None

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Bibliography
DOI https://doi.org/10.1055/a-0599-0346
Published online: 9.5.2018
Endoscopy 2018; 50: E165–E167

Stuttgart · New York
ISSN 0013-726X