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

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-
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 (▶ Video1). 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, ▶ Video1).

The SCOPE technique was applied successfully in 10 consecutive patients with 29 large SSA/Ps. We achieved complete resection in all cases (▶ Table1). 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.

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**Competing interests**

None

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References


Bibliography

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