Advanced endoscopic resection using endoscopic submucosal dissection technique to resect a giant, lumen-occluding esophageal polyp

Fibrovascular polyps tend to appear as lesions of up to 7 cm in length, and cause symptoms that range from dysphagia to episodes of asphyxiation due to prolapse into the respiratory tract [1, 2]. Traditionally, surgical treatment is performed because there is a risk of hemorrhaging during endoscopic resection [3].

A 48-year-old woman with dysphagia and progressive retrosternal pain for 6 months underwent an upper endoscopy, which showed an esophageal polyp of 12 cm in length occupying 80% of the lumen (▶Fig. 1). The histology confirmed a fibrovascular polyp.

We carried out another upper endoscopy under sedation. First, we identified the pedicle. Clips were placed, and the submucosal dissection was initiated sequentially with a needle-knife, being careful to identify all of the feeder vessels. Selective hemostasis was performed with coagulation forceps (Coagrasper; Olympus, Tokyo, Japan) in endocut mode. After careful dissection of all tissue, the polyp was completely removed in one piece (▶Video 1). Peroral extraction was carried out using a net (▶Fig. 2). The pathology report confirmed a fibrovascular polyp.

The postoperative course occurred without any incidents, and endoscopic follow-up 2 months later showed a scar with no signs of recurrence.

Competing interests

None

The authors

Mario Rey Ferro, Raul Pinilla Morales
Department of Gastrointestinal Surgery and Digestive Endoscopy, National Cancer Institute, Bogotá, Colombia

Corresponding author

Mario Rey Ferro, MD
Department of Gastrointestinal Surgery and Digestive Endoscopy, National Cancer Institute, Calle 91#19c-55. Cons. 609, Bogotá, Colombia
Fax: +57-1-2320219
reyferro1@gmail.com
References


Bibliography

DOI https://doi.org/10.1055/a-0830-4513
Published online: 1.4.2019
Endoscopy 2019; 51: E151–E152
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X