A man in his 70s was admitted to our hospital for detailed investigation of bloody stool. Emergency colonoscopy showed multiple colonic diverticula, one of which had stigmata of recent hemorrhaging, and endoscopic band ligation (EBL) was performed (Fig. 1a) [1]. A follow-up colonoscopy was conducted 1 month after EBL. The diverticulum had scarred over, but a colonic polyp (7 mm, Is type) was detected at the scar (Fig. 1b). Because it was difficult to carry out conventional endoscopic mucosal resection (EMR), we decided to perform underwater EMR (UEMR) (Video 1). We filled the lumen of the colon with water, which allowed the lesion to be clarified using narrow-band imaging, then snared and resected the lesion with Endocut Q mode (effect 3, duration 2, interval 4; VIO300D, ERBE Germany) (Fig. 1c). No residual neoplastic sites were seen around the margin of the mucosal defect (Fig. 1d). The pathological diagnosis for the resected specimen was a low grade adenoma with negative horizontal and vertical margins (Fig. 2). UEMR is reported to be useful for removing polyps without submucosal injection. This technique has been applied to duodenal adenomas [2] and to several unique or difficult cases [3, 4]. This was a unique case in which conventional EMR for a colonic polyp was difficult because of the scarring after EBL. Filling the lumen with water made it easier to observe and snare the lesion by expanding the convergence of the mucosa. UEMR is a safe and effective technique in cases where conventional EMR cannot be performed because of scarring, such as after endoscopic or surgical treatment.

Competing interests

None

The authors

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Video 1 An underwater endoscopic mucosal resection technique is used for a colonic polyp located at the scar after prior endoscopic band ligation.