Magnetic anchor-guided endoscopic submucosal dissection using a stainless steel anchor

Colorectal endoscopic submucosal dissection (ESD) is technically difficult and involves long procedure times with the risk of perforation because of the thinness of the muscularis propria and the poor maneuverability of the endoscope [1, 2]. Magnetic anchor-guided (MAG) systems using neodymium magnets have been reported to be useful in resolving the difficulties of ESD [3, 4]. However, a remaining problem with this procedure has been the inability to deliver the magnetic anchor through the scope [5].

A 69-year-old woman was referred to our hospital for a laterally spreading tumor in the ascending colon (▶Fig. 1). As the first step, after injection of saline into the submucosa, a circumferential mucosal incision was made using the Endosaber (Sumitomo Bakelite, Tokyo, Japan) (▶Fig. 2). Next, a stainless steel anchor connected to an endoclip (Zeoclip; Zeon Medical Inc., Tokyo, Japan) (▶Fig. 3a) was attached to the proximal mucosal edge of the lesion without retrieving and reinserting the endoscope as would be required in conventional MAG-ESD. The external neodymium magnet was locked on to a flexible arm (FA-M-VC2; SFC Co. Ltd., Kanagawa, Japan) that allowed it to be held in position during ESD, supported by an assistant (▶Fig. 3b). The desired countertraction with good visualization was obtained using this external magnet, and the submucosal dissection was performed (▶Fig. 4). Thus, performance of MAG-ESD using a neodymium magnet and a stainless steel anchor was successful in this colonic case (▶Video 1). The patient was discharged without adverse events. The procedure time was less than 30 minutes. The histopathological diagnosis was adenoma. The feasibility of this technique should be assessed in a variety of anatomic locations.

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Competing interests

None

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Video 1 Magnetic anchor-guided endoscopic submucosal dissection in a colonic case using a stainless steel anchor.