A novel technique for adjusting traction direction during colorectal endoscopic submucosal dissection using S-O clip

A 67-year-old man had an elevated lesion with central shallow depression, approximately 20 mm in size across a colonic fold in the splenic flexure (Fig. 1). Magnified chromoendoscopy revealed a noninvasive pit pattern (type V, mild in Kudo’s classification). The patient opted for endoscopic submucosal dissection (ESD) (Video 1).

Mucosal incision was followed by submucosal dissection of the distal side using a DualKnife J (KD-655Q; Olympus Medical, Tokyo, Japan) and insulated-tip knife nano (KD-612U; Olympus Medical). Submucosal dissection was meticulously performed because of poor submucosal lifting despite the use of sodium hyaluronate (Fig. 2).

To secure the submucosal space, an endoclip with a ring-loaded spring (S-O clip, TC1H05; Zeon Medical, Tokyo, Japan) was applied to the distal edge of the specimen and anchored to the opposite bowel wall with another endoclip. This resulted in sufficient tissue traction at the distal edge, and the submucosal space was well exposed, allowing efficient and safe submucosal dissection (Fig. 3a). The submucosal space became poorly visualized again with insufficient traction when the lesion retracted proximally, obscured by a colonic fold. We removed the second endoclip by pulling the endoclip cover up using a clip device, and anchored the ring to the opposite wall proximally (Fig. 3b), leaving the lesion well stretched with better exposure of the submucosal layer on the proximal side, enabling successful en bloc resection (Video 4).

The S-O clip is a useful traction device in colorectal ESD [1, 2]. In this case, the clips were advantageous as the traction direction could be adjusted from distally to proximally, even during ESD, by removing and re-anchoring the loaded ring.

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Competing interests

The authors declare that they have no conflict of interest.

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