Recurrent tumor involving a diverticulum after colonic endoscopic submucosal dissection successfully resected by the double-tunnel method

Repeat endoscopic treatment is challenging for lesions that recur after endoscopic resection and for lesions involving a diverticulum because of the severe fibrosis surrounding such lesions [1, 2].

We report the case of a tumor involving a diverticulum that recurred after colonic endoscopic submucosal dissection (ESD) and was successfully resected by the double-tunnel method.

A 72-year-old woman was diagnosed 2 years ago as having a laterally spreading tumor (LST) in her ascending colon measuring 30 mm in diameter (Fig. 1a), which her previous doctor had attempted to treat by ESD. After making the circumferential incision, he faced a diverticulum during the process of dissection and discontinued the procedure. He cauterized the rest of the tumor. This time, the patient was referred to our hospital for treatment of a recurrence of the diverticular tumor after the attempted ESD (Fig. 1b). The tumor arose in a diverticulum and was surrounded by fibrosis, so we expected that lifting of the lesion after local injection would not be
possible because of the lack of a soft submucosal layer. We had previously reported that the double-tunnel method is useful for lesions associated with severe fibrosis [3]. In addition to dealing with the fibrosis, we applied this method to apply traction to the diverticular area to pull the tumor out of the muscle layer into the lumen (▶ Video 1). This technique allows good traction to be maintained and an appropriate dissection line to be identified, even in situations involving severe fibrosis in a diverticulum (▶ Fig. 1c). Using this method, we successfully performed en bloc resection of the tumor. The patient recovered without incident. Histological examination revealed an intramucosal carcinoma and confirmed the curative resection (▶ Fig. 2). Use of the double-tunnel method enables safe en bloc resection of lesions with fibrosis, even of those arising in diverticula.

Competing interests

The authors declare that they have no conflict of interest.

References


Bibliography

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The authors

Marie Kurebayashi1, Ken Ohata1, Hideyuki Chiba2, Maiko Takita1, Takashi Muramoto1, Fumiki Toriumi3, Eiji Sakai4
1 Department of Gastroenterology, NTT Medical Center Tokyo, Tokyo, Japan
2 Department of Gastroenterology, Omori Red Cross Hospital, Tokyo, Japan
3 Department of Surgery, Tokyo Saiseikai Central Hospital, Tokyo, Japan
4 Department of Gastroenterology, Yokohama Sakae Kyosai Hospital, Tokyo, Japan

Corresponding author

Ken Ohata, MD, PhD
Department of Gastrointestinal Endoscopy, NTT Medical Center Tokyo, 5-9-22 Higashigotanda Shinagawa-ku, Tokyo 141-8625, Japan
Fax: +81-3-3448-6541
ken.ohata1974@gmail.com