Underwater endoscopic mucosal resection for complete R0 removal of colorectal polyp in a patient with ulcerative colitis

Current guidelines recommend endoscopic resection for superficial colorectal neoplasia in patients with ulcerative colitis, particularly for a clearly visible lesion with distinct margins [1]. However, endoscopic removal of colorectal polyps is technically challenging in patients with ulcerative colitis. Endoscopic submucosal dissection (ESD) enables complete removal of such polyps but presents some technical difficulties and is time consuming [2].

A 73-year-old man with pancolitis-type ulcerative colitis maintained remission with the administration of oral and rectal 5-aminosalicylate and underwent colonoscopy for surveillance. We observed no active mucosal inflammation over the entire colon. However, there was a 15-mm flat elevated lesion in the sigmoid colon. Biopsy of the lesion suggested low-grade adenoma. Colonoscopy after 2 months revealed a 15-mm lesion with a scar caused by the previous biopsy (Fig. 1). Narrow-band imaging magnifying endoscopy showed regular vessels and surface structures with clear demarcation, thus indicating an adenoma (Fig. 2). Submucosal fibrosis caused by previous inflammation and biopsies...
made complete removal using conventional endoscopic resection, such as endoscopic mucosal resection (EMR) and ESD, difficult. We performed underwater EMR (UEMR) for the lesion (Fig. 3; Video 1) [3]. En bloc resection was achieved without any complications. Histopathological examination revealed complete removal of the low-grade tubular adenoma with severe fibrosis in the submucosal layer (Fig. 4).

Submucosal fibrosis makes recognizing an adequate depth for dissection in ESD difficult [4]. However, UEMR eliminates the need for submucosal injection. The “floating” and “heat-sink” effects facilitate the grasping and removal of large or scarred polyps [5]. This is the first case to demonstrate the usefulness of UEMR for the management of superficial colorectal neoplasia in patients with ulcerative colitis. Thus, UEMR can be considered a safe, time-saving, and effective option.

Endoscopy_UCTN_Code_TTT_1AQ_2AD

Acknowledgments
We gratefully acknowledge the work of the past and present members of our institution.

Competing interests
The authors declare that they have no conflict of interest.

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Endoscopy 2022; 54: E3–E4
DOI 10.1055/a-1346-8769
ISSN 0013-726X
published online 16.2.2021
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Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

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