Endoscopic resection for large colonic tumors can be difficult as snaring for endoscopic mucosal resection may be challenging and the entire lesion may be difficult to visualize, increasing perforation risk [1]. On the other hand, reports of successful endoscopic submucosal dissection (ESD) for colonic submucosal tumors are increasing [2]. Scissors-type knives have an enhanced ability to grasp tissue layers selectively, rotate the knife, and achieve hemostasis [3]. We report successful use of the scissors-type knife SB Knife Jr 2 (Sumitomo Bakelite, Tokyo, Japan) in ESD of a large, pedunculated colonic lipoma.

A 75-year-old man presented with abdominal distention. Computed tomography (CT) confirmed a hypodense, clearly delineated mass measuring 5 cm in the sigmoid colon (arrows) and no signs of large bowel obstruction. CT colonography suggested a potentially obstructive mass (arrow), with no dilatation of the proximal colon.

Endoscopic submucosal dissection using PCF-H290i (Olympus Corp., Tokyo, Japan) with a transparent hood. a,b Stalk and head of the large pedunculated tumor. c A lifting solution containing saline, epinephrine, and indigo carmine was injected into the submucosa, clearly delineating the tail end of the tumor. d Circumferential mucosal incision. e Submucosal dissection. The stalk was coagulated slowly to prevent bleeding. f En bloc resection was achieved with no complications.
clearly delineated mass measuring 5 cm in the sigmoid colon (▶ Fig. 1a). CT colono-
graphy suggested a potentially ob-
structive mass, but no proximal dilation
was observed (▶ Fig. 1b).

A large, pedunculated lesion was ob-
erved in the sigmoid colon (▶ Fig. 2a,
▶ Fig. 2b). The spastic colon and the pa-
tient’s inability to stay still made it diffi-
cult to maintain scope position or endo-
coscopic view. Because an endoloop could
not be placed, ESD was performed using
an SB Knife Jr 2 (▶ Video 1). When a lift-
ing solution containing indigo carmine
was injected into the submucosa, the
color change clearly marked the end of
the tumor (▶ Fig. 2c). Circumferential
mucosal incision and subsequent sub-
mucosal dissection were performed with
minimal bleeding, and en bloc resection
was achieved (▶ Fig. 2d, ▶ Fig. 2e, ▶ Fig.
2f). Pathology confirmed complete re-
section of a colonic lipoma (▶ Fig. 3).

Use of scissors-type knives has been re-
ported in ESD of pedunculated colonic
polyps and small bowel lipomas [4,5].
Unlike traditional ESD knives, the scis-
sors-type knife can cut without putting
pressure on the stalk, which may cause
pedunculated lesions to change position
unpredictably. The knife’s ability to grasp
and pull allowed for clear visualization of
the portion being cut and avoided deep
thermal damage, even when the endo-
scope was perpendicular to the colonic
wall. Effective hemostasis was also
achieved with one device. The scissors-
type knife, therefore, may be a safe op-
tion for pedunculated lesions.

Competing interests

The authors declare that they have no con-
flict of interest.

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▶ Video 1 Endoscopic submucosal dissection of a large, pedunculated lipoma in the sig-
moid colon using a scissors-type knife.

▶ Fig. 3 Resected specimen. Complete resection was confirmed by a cross section and
b hematoxylin and eosin staining without magnification.
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