Underwater endoscopic mucosal resection for en bloc resection of a neuroendocrine tumor in the duodenal bulb

Duodenal neuroendocrine neoplasms (d-NENs) may be sporadic or associated with multiple endocrine neoplasia type 1 [1, 2]. Classification, based on morphology and proliferation rate, includes well-differentiated neuroendocrine tumors (NETs; G1–G3) and poorly differentiated neuroendocrine carcinomas (G3). Endoscopic resection is indicated in non-ampullary d-NENs ≤ 10 mm that are confined to the submucosa and without lymph node or distant metastasis, and could be considered in selected cases for lesions 10–19 mm [2, 3].

Endoscopic resection was planned. Upper endoscopy was performed under propofol sedation using a gastroscope (EG-760Z; Fujifilm, Tokyo, Japan). An aspiration test was performed with a band ligator cap (Captivator EMR; Boston Scientific, Marlborough, Massachusetts, USA) but the lesion did not enter the cap. UEMR was then attempted using a short straight cap (Video 1). Gas was aspirated and the duodenal bulb was filled with sterile water. The lesion was easily snared underwater using a rounded 15-mm snare (Captivator II; Boston Scientific) and resected using Endocut Q effect 2 (VIO 300, ERBE Elektromedizin, Tübingen, Germany). The specimen (13 × 10 × 9 mm) was retrieved using the same snare, and the mucosal defect was clipped (Video 1). There were no complications, and the asymptomatic patient was discharged after 24 hours. Final histology showed a 10-mm well-differentiated G1 NET with free margins.
UEMR might be an adequate technique for en bloc resection of 10-mm d-NENs and an alternative to ligation-assisted EMR or endoscopic submucosal dissection.

Competing interests

The authors declare that they have no conflict of interest.

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Endoscopy 2022; 54: E264–E265
DOI 10.1055/a-1512-8954
ISSN 0013-726X
published online 18.6.2021
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Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

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