A clip in the right place: successful endoscopic submucosal dissection of a cecal tumor exhibiting the muscle-retracting sign

Among the challenges encountered during endoscopic submucosal dissection (ESD), firm “retraction” of the muscularis propria towards the tumor (the “muscle-retracting” sign) can lead to non-curative resection, failure to complete ESD, or perforation [1]. Peranal endoscopic myectomy has been introduced as a means for dealing with such lesions, its merit however is currently limited to the lower rectum, where the muscularis propria is thicker compared with the rest of the colon [2]. Based on the above, we decided to illustrate a technical variation of ESD that was used to achieve an R0 resection for a cecal type 0-Ia tumor with the muscle-retracting sign (►Fig. 1; ►Video 1). During colonoscopy, an 18-mm 0-Ia tumor was identified in the cecum of an 80-year-old man with a history of post-stroke paralysis. Because of the patient’s age and underlying disease, ESD was performed. During ESD, a muscle-retracting area was recognized in the center of the lesion and the surrounding submucosa was dissected to expose this area. The mucosal incision was then completed, leaving only the muscle-retracting area temporarily intact (►Fig. 2a). In order to achieve R0 resection and prevent perforation, a reopenable hemoclip was anchored onto the muscle-retracting area as close as possible to the muscularis propria (►Fig. 2b). The remaining tissue above the clip was then dissected, while avoiding contact between the ESD knife and the metal “arms” of the hemoclip.
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