Removal of a large jejunal laterally spreading tumor nongranular type by endoscopic submucosal dissection

Although endoscopic submucosal dissection (ESD) is widely performed for the resection of superficial gastrointestinal neoplasms, performing ESD for jejunal lesions is challenging because of the thin muscularis propria and inaccessibility or insufficient scope maneuverability around the lesion. Thus, few reports of ESD for jejunal lesions have been published [1]. Here, we report the case of a large jejunal laterally spreading tumor nongranular type (LST-NG) that was successfully treated with ESD (▶ Video 1).

A 62-year-old woman with familial adenomatous polyposis had a 50-mm LST located on the afferent loop of the jejunum after pyloric ring-preserving pancreaticoduodenectomy (▶ Fig. 1a, b). Surgery was expected to be difficult because of multiple previous abdominal surgeries. Therefore, in order to reduce the risk of local recurrence associated with piecemeal resection, we chose ESD for en bloc resection.

ESD was performed using a gastroscope and ESD knives (DualKnife J and HookKnife J; Olympus, Tokyo, Japan). As the approach to the lesion faced the vertical direction, the HookKnife J was used for careful dissection (▶ Fig. 1c, d), and the clip-with-line method [2] was used for countertraction-facilitated resection (▶ Fig. 1e). En bloc resection was achieved without any adverse events (▶ Fig. 1f, g). The large mucosal defect was completely closed using endoloop and endoclips to prevent delayed bleeding and perforation (▶ Fig. 1h). Histopathological findings revealed an adenoma (▶ Fig. 2). Follow-up esophagogastroduodenoscopy performed 3 months after ESD showed no evidence of local recurrence (▶ Fig. 1i).

Although the indications for ESD of the jejunum have not been determined, the European Society of Gastrointestinal Endoscopy guidelines recommend that large LST-NG in the colon be treated with ESD [3]. In our case, ESD of the LST-NG in the jejunum was performed following the guidelines for ESD of LST-NG in the colon, and the clip-with-line method and HookKnife J were effective in this difficult situation.
Corresponding author

Toshio Uraoka, MD
Department of Gastroenterology and Hepatology, Gunma University Graduate School of Medicine, 3-39-22 Showa-machi, Maebashi 371-8514, Japan
uraoka@gunma-u.ac.jp
toshi_urao@yahoo.co.jp

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