Endoscopic submucosal dissection with double-endoscope and snare-based traction for adenoma involving the ileocecal valve

A 2.7-cm lateral spreading tumor involved the ileocecal valve. Most of the lesion was in the terminal ileum and was very hard to approach colonoscopically (▶Fig.1, ▶Fig.2). Performing endoscopic submucosal dissection (ESD) without any additional traction would have been very demanding. The idea of double-endoscope-assisted ESD (DS-ESD) has been proposed for treatment of tumors in the cecum and distal colon [1, 2]. We used double endoscopes, one for ESD and one for traction, to pull the lesion out of the terminal ileum and resect it. We modified DS-ESD with snare-based traction, which was strong and reliable (▶Fig.3, ▶Fig.4). The traction can be adjusted during the procedure. Only around 30 minutes was required to resect this lesion (▶Fig.5). ESD with double endoscopes and snare-based traction can make lesions involving the ileocecal valve easier to resect (▶Video 1).

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Competing interests

The authors declare that they have no conflict of interest.
Video 1  Endoscopic submucosal dissection with double endoscopes and snare-based traction for a flat lesion involving the ileocecal valve. Source for graphical illustration: Chu-kuang Chou, Chiayi Christian Hospital, Taiwan.

References


Bibliography

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