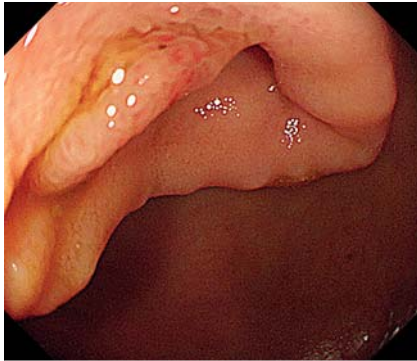
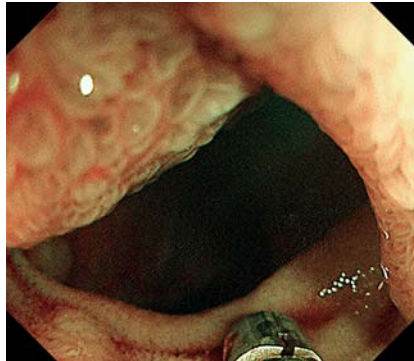


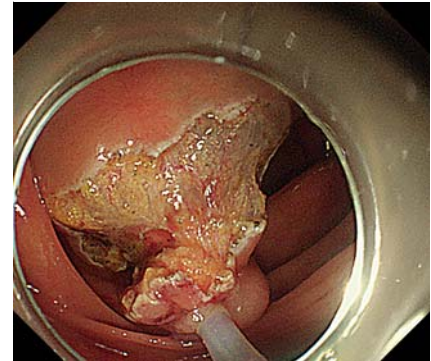
## Endoscopic submucosal dissection with double-endoscope and snare-based traction for adenoma involving the ileocecal valve



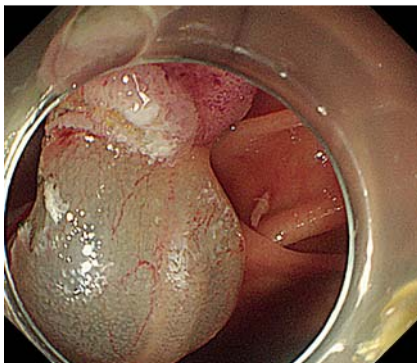
► **Fig. 1** View of the lesion in the colon.



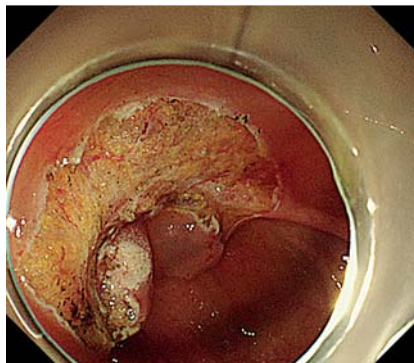
► **Fig. 2** View of the lesion in the terminal ileum.



► **Fig. 3** Good separation of mucosa and muscle with the aid of the traction.



► **Fig. 4** The lesion was pulled out into the colon and the margin of the terminal ileum side can be clearly seen.



► **Fig. 5** The final wound after double-endoscope-assisted endoscopic submucosal dissection.

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**).

Endoscopy\_UCTN\_Code\_TTT\_1AQ\_2AD

### Competing interests

The authors declare that they have no conflict of interest.

### The authors

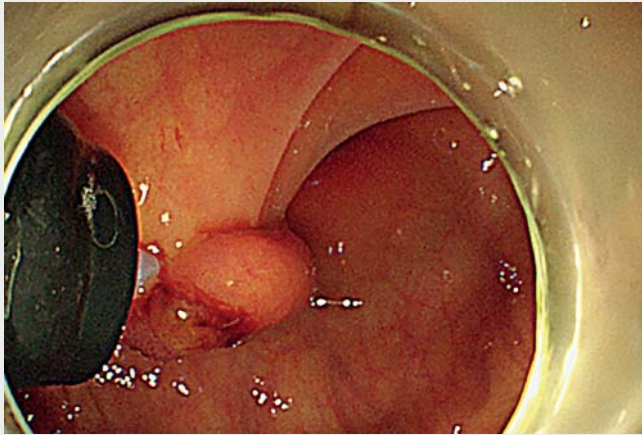
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**Video 1** Endoscopic submucosal dissection with double endoscopes and snare-based traction for a flat lesion involving the ileocecal valve. Source for graphical illustration: Chu-kuang Chou, Chiayi Christian Hospital, Taiwan.

## ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



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