Endoscopic submucosal dissection of a large cecal polyp involving the ileocecal valve and the terminal ileum

An 83-year-old man with no significant medical history was referred for endoscopic submucosal dissection (ESD) of a large cecal polyp involving the ileocecal valve and the terminal ileum (Fig. 1 a). The strategy of dissection included the creation of a flap at the ileal side, clip and band countertraction [1], and creation of a pocket [2] (Video 1). The lesion was lifted with a mixture of hydroxyethyl starch and indigo carmine. An initial incision was performed inside the terminal ileum with a DualKnife 1.5 mm (Olympus, Japan) (Fig. 1 b). The presence of fat in this area slowed down the dissection speed and obscured visibility. Progressively a flap was created underneath the lesion. Countertraction was applied using clips and an attached rubber band (Fig. 1 c), providing further access to the dissection plane. Step by step, a tun-
nel was created along the axis of the polyp. The tunnel was then enlarged on both sides to create a pocket (▶Fig. 1 d). After half of the lesion had been dissected, additional counteraction was provided in a similar fashion to modify the axis of dissection. In addition, dissection with an IT knife (Olympus) under saline was performed in areas with suboptimal lifting from the muscularis propria [3]. The lesion was removed en bloc, after detachment with a loop cutter (▶Fig. 1 e). The procedure lasted 4 hours and was uneventful. Pathology revealed a 6-cm tubulovillous adenoma with low grade dysplasia, and confirmed an R0 resection.

In conclusion, we demonstrate the successful resection of a large ileocecal polyp with terminal ileal involvement. In order to overcome the significant challenges related to the location and ileal extension, various techniques were applied, including the clip and band traction method, pocket creation method, dissection under saline, and the use of specialized endosurgical knives. Although technically challenging, advanced ESD techniques may spare the need for more invasive surgery.

Corresponding author

Georgios Mavrogenis, MD
Unit of Hybrid Interventional Endoscopy, Department of Gastroenterology, Mediterraneo Hospital, Athens, Greece

Mavrogenis Georgios et al. Endoscopic submucosal dissection... Endoscopy | © 2022. Thieme. All rights reserved.

References


Bibliography

Endoscopy

DOI 10.1055/a-1769-4742
ISSN 0013-726X
published online 2022
© 2022. Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is an open access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos

The authors

Georgios Mavrogenis1, Fateh Bazerbachi2, Dimitrios Mpalomenos1, Ioannis Tsevgas1, Dimitrios Zachariadis1

1 Unit of Hybrid Interventional Endoscopy, Department of Gastroenterology, Mediterraneo Hospital, Athens, Greece
2 Department of Gastroenterology, CentraCare, Saint Cloud, Minnesota, USA

Competing interests

The authors declare that they have no conflict of interest.