A traction wire facilitates the pocket-creation method for endoscopic submucosal dissection in the cecum

Although the pocket-creation method (PCM) facilitates colorectal endoscopic submucosal dissection (ESD) [1], novice endoscopists sometime struggle to open the submucosal pocket at the end of the procedure. We previously reported the use of a reopenable clip to facilitate opening of the pocket; the traction provided by the clip allows the submucosa around the pocket to remain stretched [2]. A traction wire (ProdiGI Traction Wire, ERD-TW20, ERD-TW35; Medtronic, Minneapolis, Minnesota, USA) was recently introduced as a unique traction device consisting of a curved wire loop made from a shape-memory alloy with a grasping clip. A lesion can be pulled up by recurling the traction wire connected between the area of dissection that includes the lesion and the wall behind the lesion. This traction wire can be used in various ways as a traction device [3, 4].

A 58-year-old woman was referred for endoscopic resection of a residual adenoma after multiple piecemeal endoscopic mucosal resections (EMR) for cancer in an adenoma in the cecum. Although the residual adenoma was only 4 mm in diameter, it was directly beside the post-EMR scar (▶Fig. 1). We performed endoscopic submucosal dissection (ESD) to completely excise the adenoma together with the scar (▶Video 1). The underlying submucosa was completely dissected using PCM to create a submucosal pocket (▶Fig. 2). We used the traction wire to facilitate opening the pocket because the partially dissected specimen was on a vertical wall in the distal cecum. The traction wire connected the proximal side of the specimen and the distal opposite wall (▶Fig. 3). The spring-like nature of the wire pulled the specimen up, stretched the remaining submucosa, and facilitated dissection (▶Fig. 4). The ESD was completed without adverse events (▶Fig. 5). Pathology revealed a low grade adenoma with scars and negative margins. This case demonstrates that a traction wire was useful to open the submucosal pocket at the end of the PCM.
Competing interests

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The authors

Hiroaki Ishii1, Hisashi Fukuda1, Yoshikazu Hayashi1, Takaaki Morikawa1, Osamu Taniguchi1, Alan Kawarai Lefor2, Hironori Yamamoto1

1 Department of Medicine, Division of Gastroenterology, Jichi Medical University, Shimotsuke, Japan
2 Department of Surgery, Jichi Medical University, Shimotsuke, Japan

Corresponding author

Yoshikazu Hayashi, MD, PhD
Department of Medicine, Division of Gastroenterology, Jichi Medical University, 3311-1 Yakushiji, Shimotsuke, Tochigi 329-0498, Japan
hayashi@jichi.ac.jp

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