Radial incision and cutting under gel immersion as a useful method for refractory anastomotic stricture

The radial incision and cutting method, in which the stricture is incised and the scar tissue excised, has shown promising results in the treatment of refractory anastomotic strictures [1, 2]. It is useful for refractory strictures that are not adequately dilated after repeated endoscopic balloon dilation. Gel immersion endoscopy with clear gel (VISCOCLEAR; Otsuka Pharmaceuticals Factory, Chiyoda, Japan) is used to displace blood and clots to ensure a good field of view in situations with heavy bleeding or residue [3, 4].

The patient was a 47-year-old man who underwent low anterior resection with creation of a temporary colostomy for rectal cancer. However, a postoperative anastomotic stricture was observed, and endoscopic balloon dilation was performed twice on an outpatient basis after discharge. Because the stricture was refractory and resulted in difficulty passing the scope despite the two dilations (Fig. 1), radial incision and cutting was performed (Video 1).

An ITknife nano (KD-612; Olympus Corp., Tokyo, Japan) was inserted into the stricture, and the scar was incised in the endocut mode. The incision with the endocut caused a multifocal hemorrhage resulting in difficulty maintaining the field of view. When the gel was used, the bleeding point became clear, and it was possible to make an incision with a good field of view while recognizing the line of the muscle layer even with heavy bleeding (Fig. 2). After the procedure, passage of the scope was possible, and no complications were observed (Fig. 3). Endoscopy showed improvement of the stricture 2 weeks later (Fig. 4).

Gel immersion endoscopy ensured a good field of view, even in situations with heavy bleeding. Radial incision and cutting under gel immersion is a safe and efficient method for the treatment of refractory colorectal anastomotic strictures.

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AF
Competing interests
The authors declare that they have no conflict of interest.

The authors
Keisaku Yamada, Masahiro Tajika, Tsutomu Tanaka, Sachiy Oonishi, Tomoyasu Kamiya, Yasumasa Niwa
Department of Endoscopy, Aichi cancer center Hospital, Nagoya, Japan

Corresponding author
Masahiro Tajika, MD
Department of Endoscopy, Aichi Cancer Center Hospital, 1-1 Kanokoden, Chikusa-ku, Nagoya 464-8681, Japan
Fax: +81-52-763-5233
mtajika@aichi-cc.jp

References
[3] Yano T, Nemoto D, Ono K et al. Gel immersion endoscopy: a novel method to secure the visual field during endoscopy in bleeding patients (with videos). Gastrointest Endosc 2016; 83: 809–811

Bibliography
Endoscopy
DOI 10.1055/a-1824-4843
ISSN 0013-726X
published online 2022
© 2022. The Author(s).
This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (https://creativecommons.org/licenses/by-nc-nd/4.0/)
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

Fig. 2 It was possible to make an incision with a good field of view under gel immersion endoscopy even in a situation with heavy bleeding.

Fig. 3 It was possible for the scope to pass through after radial incision and cutting.

Fig. 4 Endoscopy showed improvement of the stricture 2 weeks after the procedure.