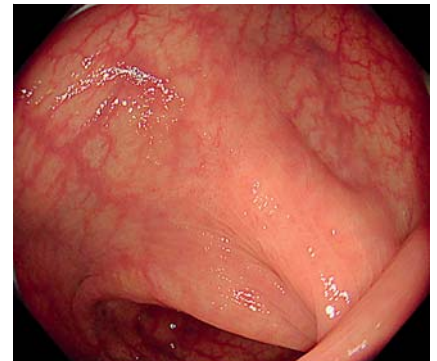


## Detecting remnant sessile serrated lesion after piecemeal cold snare polypectomy using acetic acid with narrow-band imaging

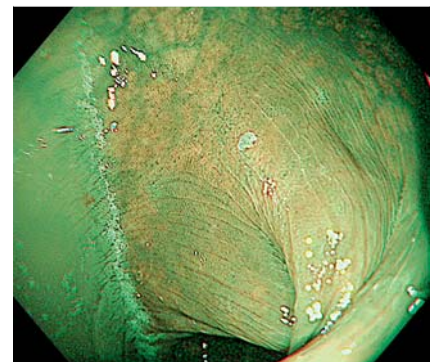
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A 40-year-old woman underwent piecemeal cold snare polypectomy (p-CSP) for a 25-mm sessile serrated lesion (SSL) in the ascending colon. The lesion was removed after acetic acid spraying and narrow-band imaging (NBI). The 6-month surveillance colonoscopy revealed a scar in the ascending colon (**▶ Video 1**, **▶ Fig. 1**). The remnant lesion was unclear on white light imaging. After 3% acetic acid solution spraying, NBI showed a 1-mm white flat area at the center of the scar (**▶ Fig. 2**). Magnified NBI demonstrated a serrated structure in the white area (**▶ Fig. 3**). The diminutive lesion was diagnosed as a remnant SSL and removed using cold forceps polypectomy. Histopathological examination revealed serrated tissue similar to the initially resected SSL (**▶ Fig. 4**). SSL is a recognized precursor of colorectal cancer through the serrated pathway

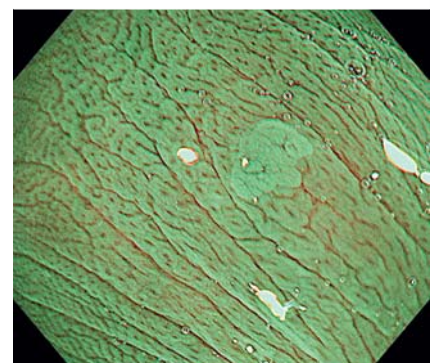
[1] and requires removal, and p-CSP is reportedly a safe and effective endoscopic resection technique for it [2,3]. However, piecemeal endoscopic removal carries the risk of recurrence. Moreover, the long-term outcome after p-CSP for SSL remains unknown. Despite the use of NBI, few remnant SSLs may be overlooked, and the recurrence rate after p-CSP may be underestimated due to difficulty of detection [4]. The usefulness of acetic acid spray and NBI for removing SSL was previously reported [5]. Acetic acid spray and NBI enable distinction of the SSL from the surrounding normal mucosa by the acetowhitening reaction, resulting in efficient endoscopic delineation. In our case, a diminutive residual SSL was successfully detected using NBI after acetic acid spraying. The use of acetic acid and NBI after the identification of the scar after piecemeal endo-



**▶ Fig. 1** Surveillance colonoscopy after piecemeal cold snare polypectomy for sessile serrated lesions revealing a scar in the ascending colon of a 40-year-old woman.

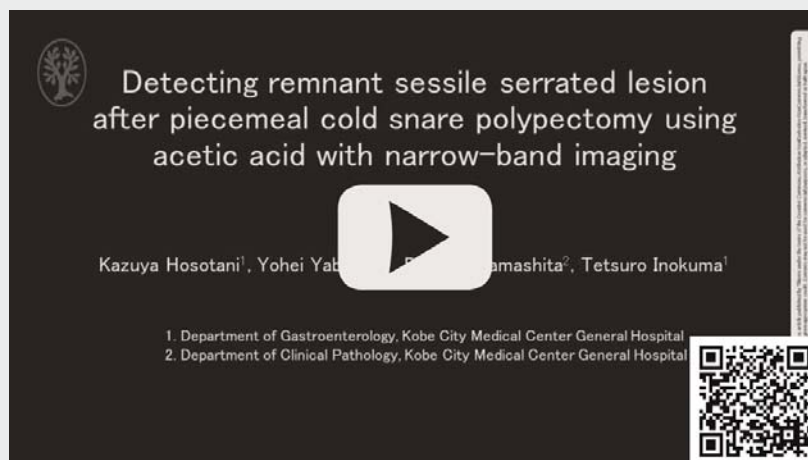


**▶ Fig. 2** After 3% acetic acid solution spraying, narrow-band imaging reveals a 1-mm flat white area at the center of the scar.

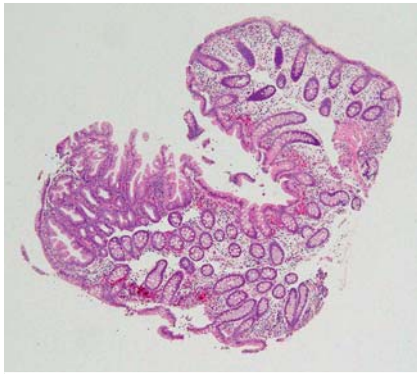


**▶ Fig. 3** Magnifying narrow-band image showing the serrated structure of the white area.

### ▶ VIDEO



**▶ Video 1** A remnant sessile serrated lesion after piecemeal cold snare polypectomy was detected using acetic acid spraying and narrow-band imaging. **Video text:** Colonoscopy showed a 25-mm sessile serrated lesion in the ascending colon. Acetic acid was sprayed over the lesion. The lesion was removed by piecemeal cold snare polypectomy. Surveillance colonoscopy showed a scar in the ascending colon. The remnant lesion was unclear on white light imaging and narrow-band imaging. Acetic acid was sprayed over the scar. A diminutive flat white lesion was detected at the center of the scar. Magnifying narrow-band imaging showed that the white lesion had a serrated structure. The remnant lesion was removed by cold forceps polypectomy. Histopathology revealed serrated tissue.



► **Fig. 4** Histopathology examination revealing serrated tissue similar to the initially resected sessile serrated lesion.

scopic removal of SSL can improve the detection of residual tumour.

### Competing interests

The authors declare that they have no conflict of interest.

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