A 69-year-old woman with a history of rectosigmoid adenocarcinoma presented with tumoral relapse at the colorectal anastomosis 2 years after surgery. Chemoradiotherapy treatment and a watch-and-wait strategy were proposed. At 8 weeks after treatment there was a complete response, but 1 year later, a rectosigmoidoscopy identified a 15-mm relapsing nonprotruding lesion, flat, with a slight depression (Paris 0-IIb + c) (Fig. 1, Fig. 2). Although friable, there were no unequivocal signs of deep invasion (Fig. 3). The patient underwent endoscopic submucosal dissection (ESD), performed with FlushKnifeBT 1.5 mm (Fujifilm, Tokyo, Japan) (Video 1).

The lesion did not lift satisfactorily with injection (Gelafundin [B Braun, Melsungen, Germany], indigo carmine, and adrenaline). ESD was extremely challenging, mostly due to the underlying fibrosis, which resulted in a complete loss of the submucosal plane, but also due to the lingering surgical material (Fig. 4, Fig. 5). Despite the lesion having a favorable anti-gravity position, the dissection was unsuccessful. Therefore, the intestinal lumen was filled with water in order to perform underwater ESD (U-ESD), with complete submersion of the lesion. This technique facilitated the exposure of the submucosal plane and greatly improved visibility, allowing a safer and faster en bloc resection. Histopathology confirmed R0 resection of a tubulovillous adenoma with low grade dysplasia. The safety and success of the underwater ESD technique have been recently reported [1–3]. During U-ESD, enhanced visualization of the submucosal space can be obtained due to the “buoyancy effect” [1, 2]. Furthermore, underwater resection may minimize thermal damage to the muscle layer, possibly decreasing the perforation rate [1, 3].

This case describes a demanding case of ESD of a relapsing neoplastic colorectal lesion located in a surgical anastomosis, in a site treated with radiotherapy. The
recently described U-ESD procedure was fundamental in achieving technical success and a curative resection. More evidence is needed before the routine use of U-ESD can be recommended [1].

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Competing interests

The authors declare that they have no conflict of interest.

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