

A novel strategy to perform endoscopic full-thickness resection at the ileocecal valve and securing the orifice with a double-pigtail catheter

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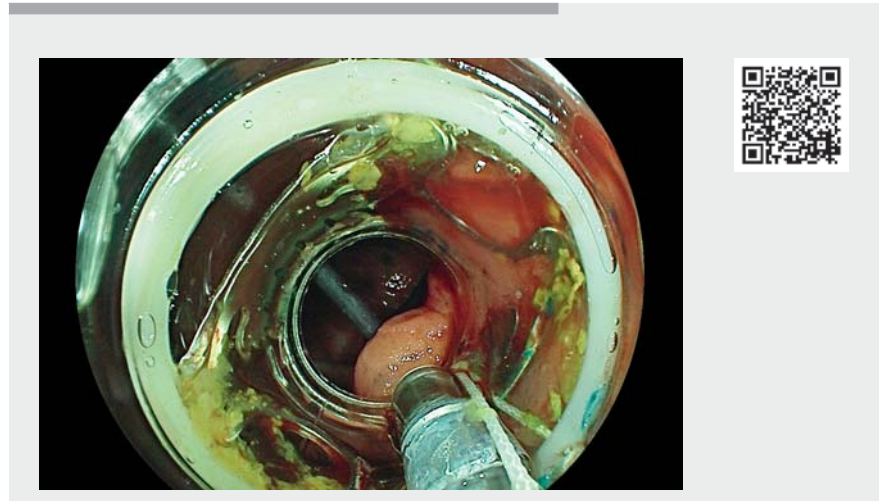
A 68-year-old woman was referred to our clinic for evaluation of endoscopic resection of a flat polyp on the ileocecal valve. The initial colonoscopy showed a flat colonic adenoma, Paris Ila 2×2 cm, on the distal lip of the ileocecal valve (► **Fig. 1**). Owing to the non-lifting character after endoscopic submucosal injection, we decided to perform endoscopic full-thickness resection (EFTR). Colorectal endoscopic submucosa dissection (ESD) is an effective alternative to EFTR; however, ESD in the cecum is associated with a higher risk of perforation and delayed bleeding [1, 2].

During EFTR we used a novel stenting technique in order to secure the ileocecal valve orifice (IVO), and to optimize orientation and visualization.

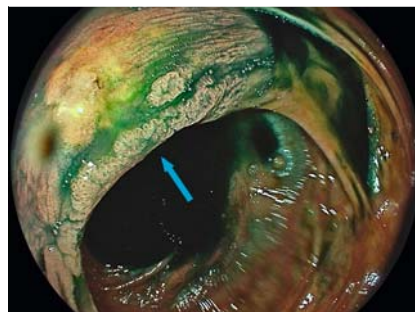
We first placed a Jagwire (Boston Scientific, Marlborough, Massachusetts, USA) through the working channel of a colonoscope, which allowed insertion of a double-pigtail catheter (7 Fr; MTW-Endoskopie W Haag Kg, Wesel, Germany) into the IVO (► **Video 1**). After marking the resection borders with coagulation current (Erbe, Tuebingen, Germany), the resection was performed using the EFTR System (Ovesco, Tuebingen, Germany) by using the high cut mode (Erbe Endo Cut Q; effect: setting 1; cutting duration: setting 4; cutting interval: setting 1). The 3×3 cm resected specimen was pinned onto a cork plate and sent for pathological assessment. At the end of the procedure (► **Fig. 2**), the double-pigtail catheter was extracted from the ileocecal valve using the biopsy forceps.

The histopathological evaluation revealed an adenoma with low grade intraepithelial neoplasia and microscopic complete resection (R0).

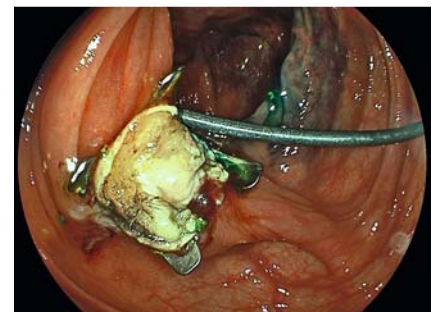
After endoscopic resection, no complications occurred, and the patient could be discharged from the hospital after 3 days.



► **Video 1** Endoscopic full-thickness resection of a flat colonic adenoma at the ileocecal valve, using a double-pigtail catheter to secure the orifice.



► **Fig. 1** Colonic adenoma (arrow), Paris Ila 2×2 cm, on the distal lip of the ileocecal valve.



► **Fig. 2** Macroclip and double-pigtail stent in the ileocecal valve orifice following endoscopic full-thickness resection.

In conclusion, this new technique can be considered a safe procedure for EFTR close to the ileocecal valve region to optimize visibility [3,4] and prevent accidental closure of the IVO by the macroclip.

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Competing interests

The authors declare that they have no conflict of interest.

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