Multipolar traction with an eight-point adaptive traction device allowed comfortable resection of a challenging giant rectal lesion in ulcerative colitis

Current guidelines recommend endoscopic resection for superficial colorectal neoplasia in patients with ulcerative colitis (UC), especially for clearly visible colitis-associated neoplasia [1]. However, endoscopic removal is technically challenging in UC, particularly for giant lesions. The major limitations to the widespread use of endoscopic submucosal dissection are the long procedure duration and the technical difficulty, particularly in the presence of fibrosis [2]. Several devices and techniques have been described to facilitate and speed up the procedure [1], and traction strategies have been increasingly implemented to improve the efficiency of dissection [3].

We previously described the benefits of using adaptive traction devices (A-TRACT 2 and A-TRACT 4) to anchor two or four points of the lesion [4, 5]. Here, we present the use and benefits of a specially designed adaptive traction device (A-TRACT 8) for multitraction via eight points in a giant rectal lesion in UC.

A 61-year-old man with UC had a large neoplastic area involving three-quarters of the circumference of the rectum. After circumferential incision and trimming, the first two loops were fixed by clips to the oral and anal edges of the target area. Six other loops were fixed on lateral edges of the lesion and another clip was attached to affix the rubber band to the opposite rectal wall (Fig. 1, Video 1). The dissection was started with appropriate traction. When traction decreased after cutting half of the lesion, we tightened the A-TRACT 8 to re-establish proper traction. Good exposure of the submucosa was achieved thanks to the traction, which facilitated dissection at different depths and under fibrotic areas. The procedure duration was 200 minutes. Complete resection (R0) was achieved, without adverse events. Histopathology revealed low grade dysplasia.

We hypothesize that such a dedicated device could facilitate resection of giant lesions, especially in selected cases, such as patients with inflammatory bowel disease, where the technical difficulties due to fibrosis can represent a great challenge and result in a time-consuming procedure.

Competing interests

J. Rivory, L. J. Masgnaux, J. Grimaldi, and M. Pioche are co-funders of the A-TRACT devices. E. De Cristofaro, C. Yzet, and S. Leblanc declare that they have no conflict of interest.
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