Double-endoscope endoscopic submucosal dissection with snare traction and loop stabilization for adenoma involving appendiceal orifice

Traction during colorectal endoscopic submucosal dissection (ESD) is essential for tackling difficult lesions. Although conventional clip–band-based methods are easy to use, they are difficult to adjust, require flaps, and offer limited traction forces. Using snare traction during double-endoscope ESD (DE-ESD) has proven to be effective in reducing procedure time and overcoming complex anatomical challenges [1, 2].

The 3 cm 0-Ia adenoma was found at the appendiceal orifice in a patient requiring peritoneal dialysis. It was challenging to trim into the submucosa and create a mucosal flap for clip-based traction because bowel folds covered the surrounding area of the lesion and colonic looping obstructed the approach axis (►Fig. 1, ►Video 1). We inserted two endoscopes, one GIF H290 followed by GIF Q260J (Olympus, Tokyo, Japan), using the previously mentioned method [1]. The looping became more stable and maneuverability improved. Snare traction was created from the traction endoscope by snaring the lesion (►Fig. 2). The traction could be adjusted in real time as required (►Fig. 3, ►Fig. 4). The procedure time was 30 minutes without any complications (►Fig. 5). The patient was discharged the day after ESD, and the final pathology revealed a completely resected adenoma.

DE-ESD can offer strong adjustable traction and stabilize the colon loop to facilitate resection. With the help of the additional endoscope, the snare traction can provide alternative options for traction that do not rely on clips.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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