Underwater endoscopic mucosal resection for circumferential adenoma of the ileocecal valve

Underwater endoscopic mucosal resection (UEMR), which was first described by Binmoeller et al. [1], is an endoscopic procedure that reduces the risk of perforation by using buoyancy to maintain a distance from the muscularis propria. Although the en bloc resection rate for UEMR is lower than that for endoscopic submucosal dissection (ESD) for tumors of 20–30 mm in diameter, it has similar local recurrence rates, shorter procedure times, and fewer intraoperative and postoperative adverse events [2].

An 80-year-old woman underwent a colonoscopy, which revealed a 35-mm laterally spreading tumor of the granular type on the ileocecal valve. The lesion was located on the entire circumference of the ileocecal valve, and extended approximately 2 cm into the terminal ileum (▶ Fig. 1). Based on narrow-band imaging magnification and pit pattern findings, the depth was diagnosed as cTis-T1a (▶ Fig. 2). The tumor in the ileum was diagnosed as an adenoma, and thus piecemeal resection by UEMR was performed (▶ Video 1).
A 33-mm snare was used to resect the nodule on the ileocecal valve en bloc, whereas piecemeal resection was performed on the residual tumors at the resection margins and in the ileum (▶ Fig. 3). The procedure took 25 minutes, with no intraoperative or postoperative complications being observed. Pathological analysis confirmed adenocarcinoma with adenoma (tub1–tub2), pTis (M), Ly0, V0, pHMx, and VM0. Surveillance endoscopy at 3 months post-treatment detected a small residual tumor, prompting a hot biopsy. Owing to stenosis in the ileocecal valve, balloon dilation was required to insert the scope. No residual lesion was found on the scar post-treatment, and no tumor components were identified on pathological analysis of the biopsy.

En bloc resection using ESD is difficult for lesions extending from the ileocecal valve into the ileum, making UEMR a viable and safer alternative with shorter procedure times.

Conflict of Interest

The authors declare that they have no conflict of interest.

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References


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