Endoscopic resection of a giant pedunculated polyp using scissor-type forceps

An 83-year-old man presented with a feeling of abdominal fullness and underwent colonoscopy. Two pedunculated polyps were identified in the sigmoid colon: the one on the oral side was about 20mm, while that on the anal side was a giant lesion nearly as large as the diameter of the bowel lumen (Fig. 1 a). It was judged to be difficult to perform polypectomy by snaring the latter polyp. Both polyps were therefore resected employing the following procedure. The end hood was placed on the scope, and multiple clips were placed around the base of the stalk to block blood flow (Fig. 1 b). Next, we pulled forward the stalk of the polyp by grasping the head of the polyp with the SB knife Jr (MD-47703; Sumitomo Bakelite, Akita, Japan) (Fig. 1 c), pulling it into the end hood (Fig. 1 d), and performing electric incision until the polyp could be resected (Fig. 1 e). Stalk excision was performed with endocut mode 120W. Hemostatic treatment was performed with soft coagulation mode 80W.

Both polyps were found to be intramucosal cancers; their sizes were 20×15×10mm and 30×25×25mm (Fig. 2). Both were judged to have been curatively resected.

While procedures using a two-channel scope or a needle knife are reported for the resection of giant pedunculated polyps for which snaring is impossible [1, 2], scissor-type forceps with a strong curve are useful in the sigmoid colon as they can be used without concern of perforation risk. The important points in this procedure are: (i) to obtain effective counter-traction by placing the end hood appropriately; (ii) to avoid misunderstanding the outflow of congested blood at the head of the polyp during incision as active hemorrhage; and (iii) after grasping with the scissor-type forceps, to pull the polyp forward and confirm that the normal large intestinal mucosa has not been grasped simultaneously and, finally, to perform the incision.

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Competing interests: None

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