Endoscopic submucosal dissection (ESD) is a minimally invasive method of treating early-stage tumors of the digestive tract. However, duodenal ESD is technically difficult, with high complication rates resulting from poor control of the endoscope, the thin duodenal wall, and the potential for exposure to pancreatic juices [1–2].

This study evaluated the safety of ESD using the short-type Clutch Cutter for the removal of early duodenal tumors. The short-type Clutch Cutter (DP2618DT; Fujifilm Corporation, Tokyo, Japan) has previously been described in detail [3]. When the Clutch Cutter is being used for ESD of duodenal tumors, electrical damage to the thin muscle layer can be prevented by grasping the tissue and lifting it from the underlying proper muscle layer, before cutting or coagulating it. The steps of the ESD technique using the Clutch Cutter are illustrated in Fig. 2.

Between September 2009 and December 2014, seven patients endoscopically diagnosed with early duodenal tumors underwent ESD using the Clutch Cutter (Table 1; Fig. 3). Preliminary esophagogastroduodenoscopy (EGD), endoscopic ultrasound (EUS), and endoscopic biopsy showed no evidence of lymph node metastasis in any of the patients. Almost all post-ESD ulcers were closed with clips to prevent delayed perforation. After ESD, all patients were treated with intravenous fluids and antibiotics for at least 2 days, and with an acid-suppression agent (rabeprazole 10mg/day) for a minimum of 6 weeks.

Clinical outcomes are summarized in Table 1. All lesions were resected easily and safely in one piece. There were no complications. Follow-up EGD at a mean of 8.7 months showed no incidence of tumor recurrence. Although endoscopically normal tissue had been excised in all patients, the margins could not be assessed pathologically in some of the patients, most likely as a result of heat denaturation.

Although we assessed only a few patients, this study showed that ESD using the Clutch Cutter was safe for duodenal tumors.

Endoscopy_UCTN_Code_TTT_1AO_2AG

Competing interests: Kazuya Akahoshi and Hidetumi Akahane (Fujifilm) have applied for a European patent for the Clutch Cutter described in this article. This patent has been granted in Japan, China, and the USA.

Yosuke Minoda1, Kazuya Akahoshi1, Yoshihiro Otsuka1, Masaru Kubokawa1, Yasuaki Motomura1, Masafumi Oya2, Kazuhiko Nakamura3

1 Department of Gastroenterology, Aso Iizuka Hospital, Iizuka, Japan
2 Department of Pathology, Aso Iizuka Hospital, Iizuka, Japan
3 Department of Medicine and Bioregulatory Science, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan
References

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1392209
Endoscopy 2015; 47: E267–E268
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Kazuya Akahoshi, MD, PhD
Department of Gastroenterology
Aso Iizuka Hospital
3-83 Yoshio
Iizuka 820-8505
Japan
Fax: +81-948-298747
kakahoshi2@aol.com

Table 1 Baseline, lesion, and procedural characteristics for the seven patients who underwent endoscopic submucosal dissection (ESD) of early duodenal tumors using the Clutch Cutter.

<table>
<thead>
<tr>
<th>Patient number</th>
<th>Age, Sex</th>
<th>Tumor Location within duodenum</th>
<th>Type</th>
<th>Diameter, mm</th>
<th>Operating time, minutes</th>
<th>Resected specimen diameter, mm</th>
<th>Rese...</th>
<th>En bloc resection</th>
<th>Histology</th>
<th>Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>31, Female</td>
<td>Bulb Ila</td>
<td></td>
<td>11</td>
<td>172</td>
<td>23</td>
<td>X/−</td>
<td>Yes</td>
<td>Adenoma</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>56, Male</td>
<td>3rd portion Ia I + IIa</td>
<td>20</td>
<td>55</td>
<td>30</td>
<td>X/−</td>
<td>Yes</td>
<td>Adenocarcinoma</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>78, Female</td>
<td>2nd portion I</td>
<td>45</td>
<td>62</td>
<td>50</td>
<td>X/−</td>
<td>Yes</td>
<td>Adenocarcinoma</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>56, Male</td>
<td>2nd portion IIc</td>
<td>15</td>
<td>55</td>
<td>22</td>
<td>−/−</td>
<td>Yes</td>
<td>Adenocarcinoma</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>73, Female</td>
<td>2nd portion Ila</td>
<td>20</td>
<td>78</td>
<td>28</td>
<td>−/−</td>
<td>Yes</td>
<td>Adenoma</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>62, Female</td>
<td>2nd portion Ila</td>
<td>13</td>
<td>137</td>
<td>25</td>
<td>X/X</td>
<td>Yes</td>
<td>Adenoma</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>68, Female</td>
<td>2nd portion Ila</td>
<td>17</td>
<td>107</td>
<td>20</td>
<td>X/−</td>
<td>Yes</td>
<td>Adenocarcinoma</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

Table 1  Endoscopic submucosal dissection (ESD) using the short-type Clutch Cutter: a a lesion located in the duodenum; b a solution of sodium hyaluronate being injected into the submucosal layer; c the non-neoplastic mucosa being grasped and incised; d the submucosal tissue being grasped, lifted, and excised from the muscle layer; e the resected specimen following its removal; f the post-ESD ulcer which has been closed with endoscopic clips.