Elastic band ligation for the removal of a colonic tubular adenoma in a diverticulum

A 56-year-old healthy patient underwent colonoscopy after a positive fecal occult blood test result. This examination showed diverticulosis of the left side of the colon and, at 20 cm from the anal verge, a 6-mm sessile polyp in the neck of a diverticulum with intradiverticular extension (Fig. 1 a). Narrow-band imaging showed a large tubular pit pattern: Kudo type III-L (Fig. 1 b). Using a gastroscope (GIF-Q165; Olympus, Tokyo, Japan) with a conventional band ligator device (Speedband Superview Super; Boston Scientific, Natick, Massachusetts, USA) attached to the tip, we positioned the diverticular orifice and the polyp in the center of the cap. The diverticulum (including the insertion area of the polyp) was then suctioned and partially inverted into the cap of the endoscopic ligator, and an elastic band was released around its neck (Video 1). The polyp was visible on the top of the inverted diverticulum (Fig. 2). Colonic tattooing was performed. As a result of ischemia, necrosis, and cicatrization of the underlying tissues, the elastic band contents fell off in a few days [1]. Endoscopic evaluation 2 weeks later showed a residual diverticulum adjacent to the tattoo. A cicatricial area was identified on the neck of the residual diverticulum, with no evidence of residual adenoma (Fig. 3).

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References

Fig. 1 a Sessile polyp in the neck of a diverticulum with intradiverticular extension, seen in a 56-year-old healthy patient undergoing colonoscopy after a positive fecal occult blood test result. b Narrow-band imaging shows a large tubular pit pattern.

Fig. 2 The polyp is visible on the top of the inverted diverticulum.

Fig. 3 After 2 weeks, a cicatricial area is identified on the neck of the residual diverticulum, with no evidence of residual adenoma.
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