Underwater endoscopic resection of a neuroendocrine rectal tumor

The endoscopic resection of rectal neuroendocrine tumors (NETs) results in good long-term outcomes [1]. Many techniques for the endoscopic resection of rectal NETs have been described, including polypectomy, endoscopic mucosal resection (EMR), and recently EMR with band ligation [2], endoscopic submucosal dissection [3], and even transanal endoscopic microsurgery [4]. Underwater endoscopic resection is a simple and inexpensive new technique that has been used for the treatment of polyps and flat lesions [5]. We present a case of rectal NET resected with an underwater technique (Video 1).

A 51-year-old woman was referred for the endoscopic treatment of a distal rectal NET. Colonoscopy revealed a yellowish, hardened, 10-mm lesion with a subepithelial aspect, compatible with NET (Fig. 1). Water was infused until the rectum lumen was completely filled (Fig. 2). An opened snare (SnareMaster; Olympus, Tokyo, Japan) was pushed against the rectal wall to capture a safe margin of normal mucosa (Fig. 3). Forced coagulation was used for the initial cutting, and endocut mode (ERBE Elektromediniz, Tübingen, Germany) was then used to complete the resection.

In the post-procedural examination, no sign of perforation or residual lesion was observed (Fig. 4). Histologic examination of the specimen revealed a well-differentiated grade 1 NET invading the deep submucosal layer with tumor-free resection margins and without angiolymphatic or perineural invasion.

Underwater endoscopic resection of rectal NET can be a new treatment option and was feasible in this case. Case series are needed to confirm the efficacy of this technique.

Endoscopy_UCTN_Code_TTT_1AT_2AZ

Competing interests: None

Fabio Shiguehissa Kawaguti1, Joel Fernandez de Oliveira2, Bruno da Costa Martins1, Maurício P. Sorbello1, Felipe Alves Retes1, Ulysse Ribeiro3, Fauze Maluf-Filho1

1 Division of Endoscopy, Cancer Institute of University of São Paulo Medical School, São Paulo, Brazil
2 Endoscopy Unit, Department of Gastroenterology, University of São Paulo Medical School, São Paulo, Brazil
3 Division of Surgery, Cancer Institute of University of São Paulo Medical School, São Paulo, Brazil

References

1 Sekiguchi M, Sekine S, Sakamoto T et al. Excellent prognosis following endoscopic resection of patients with rectal neuroendocrine tumors despite the frequent presence of lymphovascular invasion. J Gastroenterol Hepatol May 5. [Epub ahead of print]. DOI: 10.1007/s00535-015-1079-7
2 Mashimo Y, Matsuda T, Uraoka T et al. Endoscopic submucosal resection with a ligation device is an effective and safe treatment for carcinoid tumors in the lower rectum. J Gastroenterol Hepatol 2008; 23: 218–221
4 Kumar AS, Sidani SM, Kolli K et al. Transanal endoscopic microsurgery for rectal carcinoids: the largest reported United States experience. Colorectal Dis 2012; 14: 562–566

Bibliography

DOI http://dx.doi.org/10.1055/s-0034-1393224
Endoscopy 2015; 47: E513–E514
© Georg Thieme Verlag KG Stuttgart - New York
ISSN 0013-726X

Corresponding author
Fabio S. Kawaguti, MD
Instituto do Cancer do Estado de São Paulo
Divisão de Endoscopia – 2º andar
Av. Dr. Arnaldo 251
São Paulo/SP
CEP 01246-000
Brazil
Fax: +55-11-3069-7579
shiguehiss@yahoo.com.br