Over-the-scope clip-assisted endoscopic full-thickness resection after incomplete resection of rectal adenocarcinoma

Endoscopic resection is a valuable therapeutic option for early colorectal cancer (CRC), especially in high risk surgical patients [1]. A novel endoscopic full-thickness resection device (FTRD; Ovesco Endoscopy, Tübingen, Germany) has been developed recently to achieve complete endoscopic resection of early CRC [2, 3]. Here, we report the case of a 78-year-old man with a history of coronary artery disease and recent pulmonary embolism who underwent colonoscopy for hematochezia. A 3-cm non-pedunculated colorectal polyp with Kudo V pit pattern was observed 5 cm above the dentate line (Fig. 1). An en bloc endoscopic mucosal resection was performed. Histology revealed adenocarcinoma (pT1 G2 Sm3) with a positive resection margin (0.7 mm) and deep submucosal invasion (1.4 mm). Total body computed tomography (CT) and rectal endoscopic ultrasound (EUS) showed no lymphatic or metastatic disease. Because of the patient's comorbidities, we used the FTRD to achieve an R0 resection (Video 1) after he had received antibiotic prophylaxis with an intravenous cephalosporin. The last dose of low-mole-
cular-weight heparin was administered 12 hours before the procedure. The lateral margins of the scarred resection site (Fig. 2a) were marked with argon plasma coagulation (APC) and a modified 14-mm over-the-scope clip (OTSC) is deployed to create a pseudopolyp that is resected using the preloaded snare and a standard electrosurgical setting.

The full-thickness resection device (FTRD) is shown being used to achieve an R0 resection in the rectum: the lateral margins are marked with argon plasma coagulation (APC) and a modified 14-mm over-the-scope clip (OTSC) is deployed to create a pseudopolyp that is resected using the preloaded snare and a standard electrosurgical setting.

Low-molecular-weight heparin was reintroduced 24 hours after the procedure and the patient was discharged. The full-thickness specimen 15 mm in size (Fig. 3) was subjected to histological analysis, which revealed no remnant dysplasia (Fig. 4). This outcome was confirmed in the biopsy samples taken from the rectal scar 3 months later (Fig. 5). EUS and CT further confirmed the absence of any disease, and it was decided that no chemotherapy was required.

This case illustrates firstly the feasibility of full-thickness endoscopic resection of early CRC in the distal rectum, where standard surgery would carry considerable risks and require aggressive strategies. Secondly, we evaluated the potential of the novel FTRD in a high risk patient with ongoing anticoagulant therapy, for the first time reporting in detail the long-term clinical and endoscopic outcomes of this advanced endoscopic treatment.

Competing interests: None

Pavlos Lagoussis1, Paola Soriani2, Gian Eugenio Tontini2, Helmut Neumann3, Luca Pastorelli2,4, Germana de Nucci5, Maurizio Vecchi2,4

1 Division of General Surgery I, IRCCS Policlinico San Donato, San Donato Milanese, Italy
2 Gastroenterology and Digestive Endoscopy Unit, IRCCS Policlinico San Donato, San Donato Milanese, Italy
3 Department of Medicine I, University of Erlangen-Nuremberg, Erlangen, Germany
4 Department of Biomedical Sciences for Health, University of Milan, Milan, Italy
5 Gastroenterology and Digestive Endoscopy Unit, A.O. Salvini, Garbagnate Milanese, Italy

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0042-100197
Endoscopy 2016; 48: E59–E60
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
Paola Soriani, MD
IRCCS Policlinico San Donato – Gastroenterology Digestive Endoscopy Unit
Via Morandi 30
San Donato Milanese
Milano 20097
Italy
Fax: +39-02-52774655
paola.soriani@gmail.com

Endoscopy_UCTN_Code_TTT_1AQ_2AD

Lagoussis Pavlos et al. OTSC-assisted full-thickness resection of rectal carcinoma... Endoscopy 2016; 48: E59–E60