A 78-year-old patient without relevant past medical history underwent colonoscopy for chronic diarrhea. Examination identified a laterally spreading tumor (LST), mixed-granular-type (nodules up to 1 cm) in the rectum, from the pectineal line to the rectosigmoid transition. The LST covered 100% of the circumference of this segment (Fig. 1). Endoscopic evaluation was compatible with an adenomatous lesion with preserved pit pattern (Kudo III/IV classification), without unequivocal endoscopic suspicion of invasive lesion (NICE 2; JNET 2B). After multidisciplinary evaluation, endoscopic resection by endoscopic submucosal dissection (ESD) was decided.

The procedure was performed with the patient under general anesthesia. A gastroscope (GIF-HQ190; Olympus, Tokyo, Japan) and carbon dioxide insufflation were used. The lesion was gradually elevated with a colloid solution (Voluven [Fresenius Kabi Norge AS, Halden, Norway] + indigo carmine + adrenaline), and the excision was performed by ESD using the FlushKnife (Fujifilm Corp., Tokyo, Japan) and the IT Knife nano (Olympus) (Fig. 2). En bloc resection was achieved, obtaining a circumferential specimen with a length of 15 cm, corresponding to the entire rectal mucosa (Fig. 3, Video 1). The procedure time was 420 minutes. Antimicrobial prophylaxis with a single dose of ceftriaxone (2 g) was given. There were no immediate complications and the patient was discharged 24 hours after the procedure. Histological examination revealed a tubulovillous adenoma with high grade dysplasia.

Although the patient remained asymptomatic, endoscopic evaluation after 2 months revealed stenosis at the ESD site. Balloon dilation up to 15 mm (diameter) was performed in a single session (Fig. 4).

ESD is an organ-sparing endoscopic technique that allows en bloc resection of superficial gastrointestinal lesions regardless of their size, optimizing the histological evaluation [1]. This is particularly important in the rectum because of the high morbidity associated with the alternative surgical approaches [2]. Although described in Asian case reports [3, 4], to our knowledge this is the first report showing endoscopic treatment by ESD of a giant circumferential colorectal LST in a Western center.

Competing interests

None

The Authors

José Rodrigues1, Pedro Barreiro1, Joana Carmo1, Lidia Ramos2, Cristina Chagas3

1 Serviço de Gastrenterologia, Centro Hospitalar de Lisboa Ocidental, Lisboa, Portugal
2 Serviço de Gastrenterologia, Hospital Garcia d’Orta, Almada, Portugal
Corresponding author

Pedro Barreiro, MD
Serviço de Gastrenterologia, Centro Hospitalar de Lisboa Ocidental – Hospital de Egas Moniz, Rua da Junqueira 126, 1349-019 Lisboa, Portugal
Fax: +351-21-0432430
pedrobarreiro@msn.com

References


Bibliography

DOI https://doi.org/10.1055/s-0043-119347
Published online: 9.10.2017
Endoscopy 2017; 49: E305–E306
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos

Video 1 Endoscopic submucosal dissection for the treatment of a 15 cm circumferential rectal laterally spreading tumor.