Therapeutic application of linked color imaging for colorectal endoscopic mucosal resection

Linked color imaging (LCI; Fujifilm Co., Tokyo, Japan) is a newly developed image-enhanced technique that has shown high diagnostic performance in the field of gastrointestinal endoscopy. LCI enhances color separation of the mucosal layer, making red regions redder and white regions whiter. This contributes to the detection of gastric cancer [1], ulcerative colitis [2], colorectal polyps [3, 4], and other lesions. Although the diagnostic productivity is steadfast, the treatment benefit of LCI remains unclear or limited [5]. We herein introduce an advantage of LCI with respect to increasing the safety of endoscopic mucosal resection (EMR), illustrating the efficacy of LCI in the treatment field.

Compared with white-light imaging, narrow-band imaging, and bright-light imaging, the view of the blood vessels in the superficial layer is much more conspicuous when obtained by LCI. When performing EMR, local injection is the first crucial step and the basis of later procedures such as polyp removal by snaring. However, injury to the superficial vessels invisible with white light sometimes induces hematoma formation, making subsequent snaring difficult (Fig. 1a). LCI can more precisely reveal the running of the superficial vessels around a colorectal polyp than can white light imaging (Fig. 1b) and bright-light imaging (Fig. 1c). LCI enhances the reddish, glaring characteristics of the vessels, pinpointing safe sites for needling (Fig. 1d). Consequently, the clinician can avoid needling blood vessels near the polyp (Fig. 1e) and prevent unnecessary bleeding and hematoma formation (Fig. 1f), leading to secure completion of EMR.

White-light imaging, bright-light imaging, and LCI for EMR local injections are compared in Video1. Only LCI shows the reddish network pattern of the superficial blood vessels. This leads...
to sufficient swelling of the submucosal layer and appropriate removal of colorectal polyps.

Endoscopy_UCTN_Code_TTT_1AQ_2AB

Competing interests

None

The authors

Yasuhiro Goda, Hirohito Mori, Hideki Kobara, Noriko Nishiyama, Nobuya Kobayashi, Tatsuo Yachida, Tsutomu Masaki

Department of Gastroenterology and Neurology, Faculty of Medicine, Kagawa University, Kagawa, Japan

Corresponding author

Hideki Kobara, MD, PhD
Department of Gastroenterology and Neurology, Faculty of Medicine, Kagawa University, 1750-1 Ikenobe, Miki, Kita, Kagawa 761-0793, Japan
Fax: +81-87-8912158
kobara@med.kagawa-u.ac.jp

References


Bibliography

DOI https://doi.org/10.1055/s-0043-119984
Published online: 17.10.2017
Endoscopy 2018; 50: E8 – E9
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

This document was downloaded for personal use only. Unauthorized distribution is strictly prohibited.