A novel triple-anchoring technique for hybrid endoscopic mucosal resection

Superficial colorectal lesions smaller than 20 mm in size can be safely removed en bloc by endoscopic mucosal resection (EMR). Bigger lesions (≥ 20 mm) usually require piecemeal EMR, which is associated with a lower curative rate [1] and a higher risk of recurrence [2]. Endoscopic submucosal dissection (ESD) was developed to allow en bloc resection of early stage gastrointestinal lesions. ESD is a technically difficult procedure, which requires specialized training, a longer procedure time, and is associated with a higher risk of perforation compared with EMR [3, 4].

ESD and EMR are not mutually exclusive and a hybrid technique may be a reasonable compromise that makes EMR more reliable by enabling the resection of larger polyp specimens, obtaining clear lateral margins, and reducing procedure times [5]. Here we report a new hybrid EMR technique that is aimed at facilitating mucosal resection of colonic and rectal lesions between 20 mm and 30 mm in size.

After the submucosal injection has been performed, small incisions are made on the top and on the lateral margins of the lesion using the tip of the snare in Endocut mode; the 25-mm snare grasping the lesion with the triple-anchoring technique; the resected area following en bloc capture of the entire large polyp, consistent with macroscopic complete resection.
carried out, the lumen is inflated so as to avoid injuries to the muscular layer. At the end of the resection, clips are placed to reduce the risk of complications. Pathological analysis in the case shown revealed a 20 × 21-mm low grade tubular adenoma with clear margins (R0 resection). This hybrid technique might be routinely indicated for borderline and/or very flat lesions. Studies are needed in order to understand the safety of the procedure and the risks of residue and/or recurrence.

Endoscopy UCTN Code TTT_1AQ_2AD

Competing interests
None

References


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DOI https://doi.org/10.1055/s-0043-121134
Published online: 23.11.2017
Endoscopy 2018; 50: E48–E49
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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