



LUND UNIVERSITY

Underwater endoscopic mucosal resection of a large depressed adenoma in the ileum.

Uedo, Noriya; Nemeth, Artur; Toth, Ervin; Thorlacius, Henrik

Published in:
Endoscopy

DOI:
[10.1055/s-0034-1377280](https://doi.org/10.1055/s-0034-1377280)

2014

[Link to publication](#)

Citation for published version (APA):

Uedo, N., Nemeth, A., Toth, E., & Thorlacius, H. (2014). Underwater endoscopic mucosal resection of a large depressed adenoma in the ileum. *Endoscopy*, 46(Aug 4), E336-E337. <https://doi.org/10.1055/s-0034-1377280>

Total number of authors:
4

General rights

Unless other specific re-use rights are stated the following general rights apply:

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Read more about Creative commons licenses: <https://creativecommons.org/licenses/>

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

LUND UNIVERSITY

PO Box 117
221 00 Lund
+46 46-222 00 00

Underwater endoscopic mucosal resection of a large depressed adenoma in the ileum



Fig. 1 Endoscopic photograph showing a large (2.5 cm) flat polyp with central scarring in the ileum. **a** White-light endoscopy. **b** Chromoendoscopy (indigo carmine).

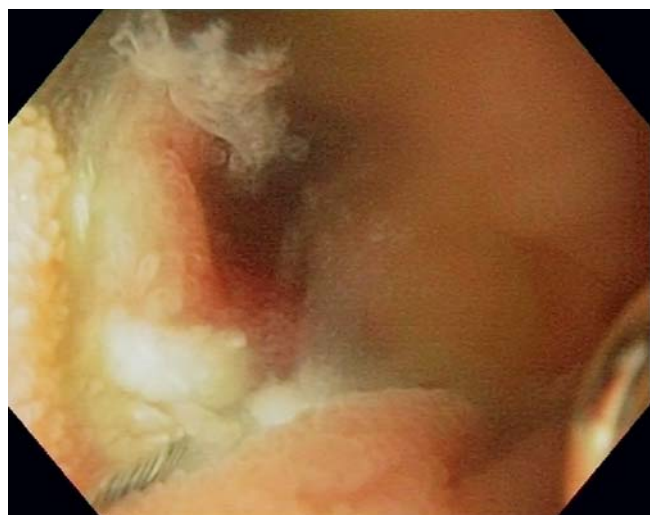


Fig. 2 Endoscopic photograph showing underwater endoscopic mucosal resection of a large (2.5 cm), flat polyp in the ileum.

A 70-year-old man with Lynch syndrome underwent a subtotal colectomy and ileorectal anastomosis in 2005. During endoscopic follow-up, a large (2.5 cm), flat polyp was detected in the ileum, 20 cm proximal to the ileorectal anastomosis (► **Fig. 1**). Multiple biopsies were taken from the center of the polyp, which revealed adenoma with low grade dysplasia. The patient was referred for an attempt to remove the polyp endoscopically.

The lesion passed over one fold in the ileum and was judged to be difficult to remove safely using conventional endoscopic mucosal resection (EMR). Recently, underwater EMR without submucosal injection has been described, in which polyps are completely immersed in water and removed using a snare [1,2]. Underwater EMR has been reported to be a safe method of removing large, sessile, colorectal polyps [1] and laterally spreading duodenal polyps [2]. Thus, it was decided to use underwater EMR to remove this large, flat adenoma in the ileum.

The polyp was completely immersed in water, and a polypectomy snare (13 mm, Captivator; Boston Scientific, Natick, Massachusetts, USA) was used to resect it using a piecemeal technique (► **Fig. 2**). The lesion was completely removed without any bleeding, and there were no signs of perforation in the remaining wound (► **Fig. 3**). However, the patient presented with minor rectal bleeding the day after the procedure. Bleeding was easily managed endoscopically using coagulation forceps, after which the patient was discharged.

Large, flat adenomas in the small intestine are difficult to remove and are associated with a high risk of complications [3,4]. The present case is the first one in the literature describing the use of underwater EMR to remove a polyp in the ileum. In experienced hands, underwater EMR seems to be an effective method for removing polyps in difficult locations in the small intestine.

Endoscopy_UCTN_Code_TTT_1AP_2AD

Competing interests: None



Fig. 3 Endoscopic photograph showing the wound after underwater endoscopic mucosal resection.

Bibliography

DOI <http://dx.doi.org/10.1055/s-0034-1377280>
 Endoscopy 2014; 46: E336–E337
 © Georg Thieme Verlag KG
 Stuttgart · New York
 ISSN 0013-726X

Corresponding author

Henrik Thorlacius, MD, PhD
 Department of Clinical Sciences
 Section of Surgery
 Skåne University Hospital
 Lund University
 205 02 Malmö
 Sweden
 Fax: +46-40-336207
henrik.thorlacius@med.lu.se

**Noriya Uedo¹, Artur Nemeth²,
 Ervin Toth², Henrik Thorlacius³**

¹ Department of Gastrointestinal Oncology, Osaka Medical Center for Cancer and Cardiovascular Diseases, Osaka, Japan

² Department of Clinical Sciences, Section of Endoscopy, Malmö, Skåne University Hospital, Lund University, Malmö, Sweden

³ Department of Clinical Sciences, Section of Surgery, Malmö, Skåne University Hospital, Lund University, Malmö, Sweden

References

- 1 *Binmoeller KF, Weilert F, Shah J* et al. "Underwater" EMR without submucosal injection for large sessile colorectal polyps (with video). *Gastrointest Endosc* 2012; 75: 1086–1091
- 2 *Binmoeller KF, Shah JN, Bhat YM* et al. "Underwater" EMR of sporadic laterally spreading nonampullary duodenal adenomas (with video). *Gastrointest Endosc* 2013; 78: 496–502
- 3 *Bourke MJ*. Endoscopic resection in the duodenum: current limitations and future directions. *Endoscopy* 2013; 45: 127–132
- 4 *Inoue T, Uedo N, Yamashina T* et al. Delayed perforation: a hazardous complication of endoscopic resection for non-ampullary duodenal neoplasm. *Dig Endosc* 2014; 26: 220–227