Sessile serrated adenomas/polyps (SSA/Ps) are frequently found in the proximal colon, where the wall is thinner and easily damaged by diathermy during polypectomy, which also carries a risk of delayed bleeding, perforation, and post-polypectomy syndrome. SSA/Ps are often flat with subtle, irregular edges making endoscopic assessment of their extent difficult [1]. This can lead to incomplete resection and risk of post-colonoscopy cancer [2].

Currently, cold snare resection (CSR) is considered the preferred technique to resect small polyps. It is safe, time efficient, and user friendly [3]. Recently, case series have highlighted the safety and efficiency of CSR for larger adenoma resection. However, the technique may not be feasible for sessile serrated polyps due to their size and location. A new technique, Serrated COld Piecemeal Endoscopic mucosal resection (SCOPE), has been developed to address this challenge.

SCOPE is a cold piecemeal endoscopic mucosal resection technique that allows for safe and complete resection of sessile serrated polyps. The technique involves the use of chromoendoscopy to enhance the view of the lesion edges, followed by piecemeal resection using a cold snare. The edges of the lesion are enhanced by chromoendoscopy, allowing for complete resection using the SCOPE technique. No recurrence was observed at follow-up colonoscopy. Normal mucosa in continuity with a serrated polyp highlights complete resection of the lesion (B1, normal mucosa; B2, serrated polyp).

**Fig. 1** Resection of a large sessile serrated polyp by cold piecemeal endoscopic mucosal resection (SCOPE) technique. 

- **a** A 40-mm sessile serrated adenoma/polyp in the ascending colon; the edges are enhanced by chromoendoscopy. 
- **b** Complete resection was achieved using the SCOPE technique. 
- **c** No recurrence was observed at follow-up colonoscopy. 
- **d** Normal mucosa in continuity with a serrated polyp highlights complete resection of the lesion (B1, normal mucosa; B2, serrated polyp).
In this series, we report our preliminary experience in achieving complete resection of large SSA/Ps using a cold piecemeal endoscopic mucosal resection (SCOPE) technique. Following detection of an SSA/P, the polyp surface was assessed. The polyp was then lifted using a submucosal injection of 0.1% hyaluronate and methylene blue, and resected using a small cold snare (9 mm, Exacto; US Endoscopy, Mentor, Ohio, USA) in a piecemeal manner (▶ Video 1). A gradual increase in snare closure pressure was applied to mechanically transect each polyp piece. Each polyp was resected with a small rim of adjacent normal mucosa (1–2 mm) in order to achieve a complete resection margin. The polypectomy defect edges were scrutinized for any remaining polyp and trimmed using the snare, or cold avulsed with a biopsy forceps (▶ Fig. 1, ▶ Video 1).

The SCOPE technique was applied successfully in 10 consecutive patients with 29 large SSA/Ps. We achieved complete resection in all cases (▶ Table 1). Minor oozing was noted in almost all cases; however, no hemostatic interventions were required. There were no adverse events during or after resection. Histology showed complete resection of polyps (▶ Fig. 1). In one polyp (3.4%), a small area of residual tissue was observed at the follow-up examination; this was resected using cold snaring.

### Table 1  Patient and polyp characteristics.

<table>
<thead>
<tr>
<th>Case #</th>
<th>Age, years</th>
<th>Location</th>
<th>Number of SSA/P</th>
<th>Size, mm (number of polyps)</th>
<th>Follow-up, months</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>64</td>
<td>Ascending colon</td>
<td>1</td>
<td>30</td>
<td>12</td>
<td>No recurrence</td>
</tr>
<tr>
<td>2</td>
<td>62</td>
<td>Hepatic flexure</td>
<td>1</td>
<td>30</td>
<td>9</td>
<td>No recurrence</td>
</tr>
<tr>
<td>3</td>
<td>68</td>
<td>Ascending colon</td>
<td>1</td>
<td>30</td>
<td>7</td>
<td>5-mm residual polyp; cold snared</td>
</tr>
<tr>
<td>4</td>
<td>68</td>
<td>Ascending colon</td>
<td>1</td>
<td>20</td>
<td>7</td>
<td>No recurrence</td>
</tr>
<tr>
<td>5</td>
<td>42</td>
<td>Hepatic flexure</td>
<td>1</td>
<td>30</td>
<td>6</td>
<td>No recurrence</td>
</tr>
<tr>
<td>6</td>
<td>31</td>
<td>Cecum – transverse colon</td>
<td>7</td>
<td>10 (5), 15 (1), 20 (1)</td>
<td>12</td>
<td>No recurrence</td>
</tr>
<tr>
<td>7</td>
<td>39</td>
<td>Cecum – transverse colon</td>
<td>7</td>
<td>10 (4), 20 (3)</td>
<td>6</td>
<td>No recurrence</td>
</tr>
<tr>
<td>8</td>
<td>77</td>
<td>Ascending colon</td>
<td>2</td>
<td>12 (1), 18 (1)</td>
<td>8</td>
<td>No recurrence</td>
</tr>
<tr>
<td>9</td>
<td>34</td>
<td>Cecum – transverse colon</td>
<td>4</td>
<td>10 (2), 15 (2)</td>
<td>12</td>
<td>No recurrence</td>
</tr>
<tr>
<td>10</td>
<td>29</td>
<td>Ascending colon</td>
<td>4</td>
<td>10 (2), 15 (2)</td>
<td>7</td>
<td>No recurrence</td>
</tr>
</tbody>
</table>

SSA/P, sessile serrated adenoma/polyp.

### Competing interests

None

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