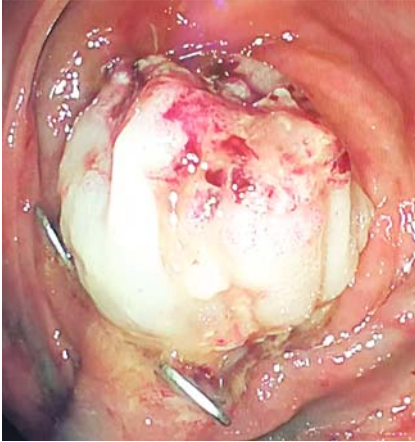


Snare resection after full-thickness resection device malfunction



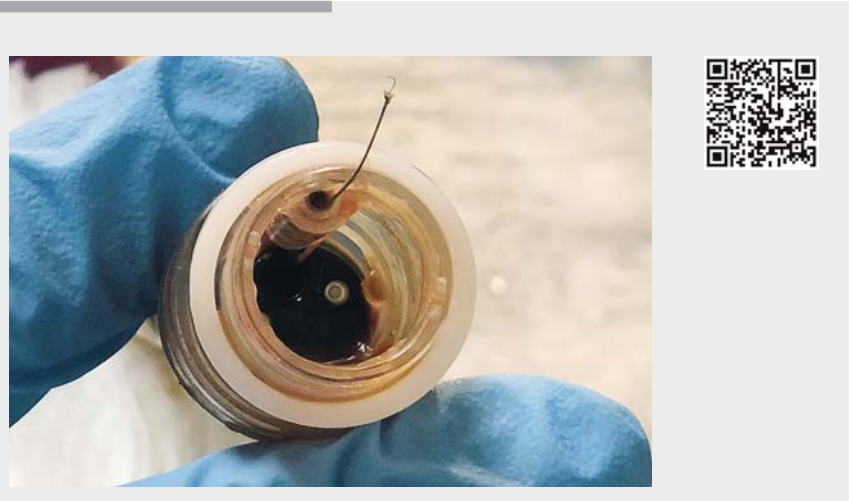
► **Fig. 1** Endoscopic view showing the full-thickness resection device (FTRD) clip in place below the lesion.



► **Fig. 2** Macroscopic appearance of the mucosal and serosal sides of the resected lesion.

The full-thickness resection device (FTRD; Ovesco) is approved for the endoscopic resection of invasive lesions in the gastrointestinal tract. It has shown particular promise for incompletely resected colonic polyps and for early invasive lesions in frail elderly patients who are poor surgical candidates [1,2]. The management of technical issues or malfunctions during use of the FTRD is poorly documented in the literature to date. We describe a rare incident of built-in snare breakage during the removal of a transverse colonic lesion in an elderly female patient.

A 15-mm lesion (Paris 0-IIa+0-IIc) was identified in the transverse colon. The lesion had NICE type 3 features on narrow-band imaging (NBI) indicating probable submucosal involvement. The lesion was first marked and then drawn into the FTRD as per the standard procedure. Once the clip had been deployed, the snare was closed; however, it was immediately noted that the snare wire had fractured during closure. The lesion was subsequently examined carefully to ensure adequate placement of the clip (► **Fig. 1**) and to assess the feasibility of further intervention. A 15-mm snare was used to resect the lesion above the deployed



► **Video 1** Resection of a colonic lesion after breakage of a wire in the full-thickness resection device (FTRD) snare.

FTRD clip, using the ERBE system with 150W of “pure cut” current (► **Video 1**). The lesion was completely resected en bloc (► **Fig. 2**). The procedure was performed with the patient under conscious sedation (midazolam and fentanyl), and the patient was able to be discharged home the same day. No immediate or late complications occurred.

Histology of the resected lesion confirmed full-thickness endoscopic resection of a pT1 adenocarcinoma. Further endoscopic assessment 3 months later confirmed that there was no residual lesion.

Endoscopy_UCTN_Code_CPL_1AJ_2AD

Competing interests

None

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