Advanced endoscopic resection using endoscopic submucosal dissection technique to resect a giant, lumen-occluding esophageal polyp

Fibrovascular polyps tend to appear as lesions of up to 7 cm in length, and cause symptoms that range from dysphagia to episodes of asphyxiation due to prolapse into the respiratory tract [1, 2]. Traditionally, surgical treatment is performed because there is a risk of hemorrhaging during endoscopic resection [3].

A 48-year-old woman with dysphagia and progressive retrosternal pain for 6 months underwent an upper endoscopy, which showed an esophageal polyp of 12 cm in length occupying 80% of the lumen (▶ Fig. 1). The histology confirmed a fibrovascular polyp.

We carried out another upper endoscopy under sedation. First, we identified the pedicle. Clips were placed, and the submucosal dissection was initiated sequentially with a needle-knife, being careful to identify all of the feeder vessels. Selective hemostasis was performed with coagulation forceps (Coagrasper; Olympus, Tokyo, Japan) in endocut mode. After careful dissection of all tissue, the polyp was completely removed in one piece (▶ Video 1). Peroral extraction was carried out using a net (▶ Fig. 2). The pathology report confirmed a fibrovascular polyp.

The postoperative course occurred without any incidents, and endoscopic follow-up 2 months later showed a scar with no signs of recurrence.

Competing interests

None

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Endoscopy_UCTN_Code_TTT_1AO_2AG

▶ Fig. 1 Esophagogram revealed an esophageal polyp, 12 cm in length and occupying 80% of the lumen.

▶ Fig. 2 Peroral extraction of the resected polyp.

▶ Video 1 Endoscopic submucosal dissection of a giant, lumen-occluding esophageal polyp.
References


Bibliography

DOI https://doi.org/10.1055/a-0830-4513
Published online: 1.4.2019
Endoscopy 2019; 51: E151 – E152
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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