Retrieval of a large resected specimen using a large-caliber cap after colorectal endoscopic submucosal dissection

Endoscopic submucosal dissection (ESD) has emerged as a feasible treatment option for colorectal tumors [1]. However, large colorectal specimens obtained via ESD that are difficult to retrieve from the anal canal are often encountered. We have experienced a few cases of specimen fragmentation during retrieval. Precise histological evaluation requires an intact specimen and fragmentation should be avoided. Several recent reports have described useful techniques for the retrieval of intact resected specimens [2–4]; however, these reported methods are relatively complex. We describe a more convenient and easy way of retrieving resected specimens using a large-caliber cap.

The first case involves a 73-year-old man who underwent ESD for a large laterally spreading tumor (LST) located in the rectosigmoid colon (Fig. 1a). We removed the tumor via en bloc resection using a DualKnife (Olympus, Tokyo, Japan) and a short-type small-caliber-tip transparent cap (Fujifilm, Tokyo, Japan). Because the resected specimen measured over 10 cm, its retrieval from the anal canal was very difficult. Therefore, a large-caliber (outer diameter 18 mm) oblique soft cap (D-206; Olympus) for cap-assisted endoscopic mucosal resection [5] was placed on the tip of the endoscope (Fig. 2).

We suctioned the resected specimen into the cap and retrieved it easily from the anal canal (Fig. 1b, Video 1). Because the cap could pass through the anal canal while protecting the resected specimen, the resected specimen did not fragment. Precise histological evaluation revealed negative margins.

The second case involved a 68-year-old man who underwent ESD for a large LST located in the upper rectum (Fig. 3a). The tumor was removed via en bloc resection, and was easily retrieved using the same method as that described above (Fig. 3b, Video 1).

Since 2014, we have used this method to successfully retrieve specimens measuring over 50 mm without fragmentation, regardless of tumor shape.

Endoscopy_UCTN_Code_TTT_1AQ_2AD
Competing interests

None

The authors

Yuichiro Kuroki, Kunio Asonuma, Natsumi Uehara, Toshiyuki Endo, Reika Suzuki, Yorimasa Yamamoto, Masatsugu Nagahama

Department of Gastroenterology, Showa University Fujigaoka Hospital, Kanagawa, Japan

Corresponding author

Yuichiro Kuroki, MD

Department of Gastroenterology, Showa University Fujigaoka Hospital, 1-30 Fujigaoka, Aoba-ku, Yokohama 227-8501, Japan
Fax: +81-45-9713824
yu-kuroki@med.showa-u.ac.jp

References


Bibliography

DOI https://doi.org/10.1055/a-0915-1785
Published online: 23.5.2019
Endoscopy 2019; 51: E299 – E300
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

ENDOSCOPY E-VIDEOS

https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos

Fig. 3 Large tumor located in the upper rectum. a Overview of the tumor. b Resected specimen. Histological evaluation revealed that the cut margins were negative for intramusosal cancer.