

Endoscopic submucosal dissection using countertraction with clips and rubber band allows safe en bloc resection of recurrent duodenal superficial lesions with intense fibrosis

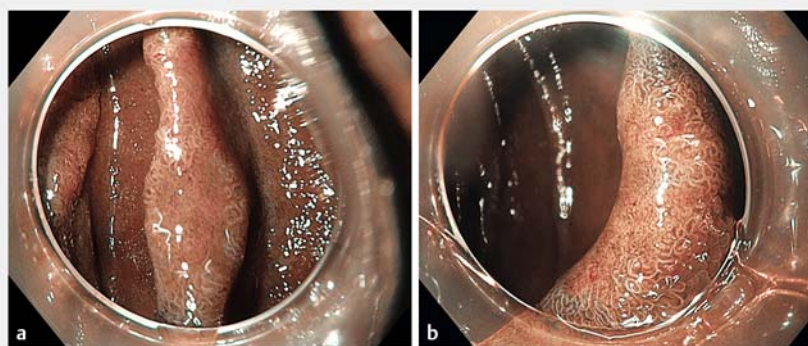
Superficial duodenal epithelial neoplasia (► Fig. 1) can be endoscopically removed either with cold snare resection, conventional endoscopic mucosal resection (EMR) or endoscopic submucosal dissection (ESD). EMR is safe but can lead to a 20%–30% recurrence rate because of piecemeal resections. Conversely, duodenal ESD has a high rate of en bloc resection but is technically challenging and has ≤50% risk of complications (bleeding and perforation) [1, 2].

We present the case of a 60-year-old patient with multiple sporadic duodenal adenomas. One of the lesions was particularly challenging because it was a recurrence after a previous EMR. Hybrid endoscopic resection was attempted but impossible due to severe submucosal fibrosis. We therefore performed ESD using the clip and rubber band traction technique (► Video 1) [3, 4]. We closed the duodenal scar using clips and the patient was discharged after 48 hours of follow-up. The histology exam showed en bloc resection of a low-grade dysplastic duodenal adenoma and there were no complications after 3 weeks of follow-up. This is one of the first video cases showing ESD for duodenal recurrent lesions with severe fibrosis. As a full-thickness resection device for resection of upper digestive tract lesions is not yet approved in Europe, ESD using countertraction techniques can be an option for cases with intense fibrosis and high risk of perforation using conventional EMR.

Endoscopy_UCTN_Code_TTT_1AO_2AG

Competing interests

The authors declare that they have no conflicts of interest.



► Fig. 1 Duodenal adenomatous polyps. **a** Narrow-band imaging (NBI). **b** Dual-focus NBI.



► Video 1 Endoscopic submucosal dissection using countertraction for recurrent duodenal superficial lesions.

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Endoscopy 2020; 52: E398–E399
DOI 10.1055/a-1144-2611
ISSN 0013-726X
published online 17.4.2020
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Georg Thieme Verlag KG, Rüdigerstraße 14,
70469 Stuttgart, Germany

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