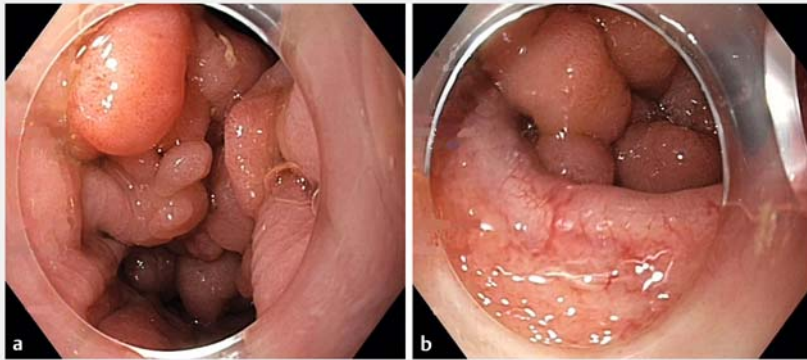
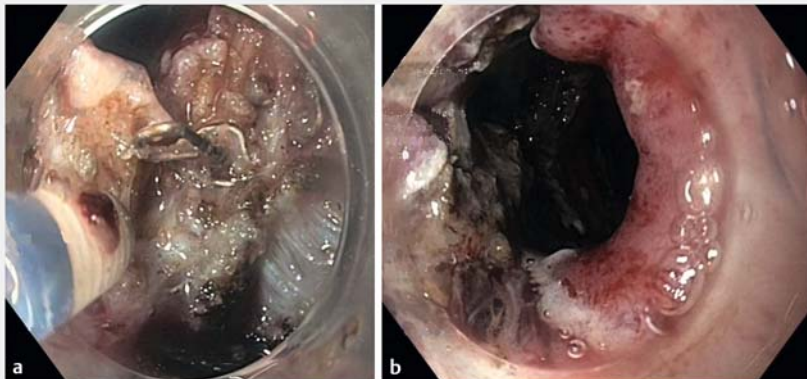


## Endoscopic submucosal dissection for polyps in the anal transitional zone after ileoanal anastomosis in a patient with familial adenomatous polyposis



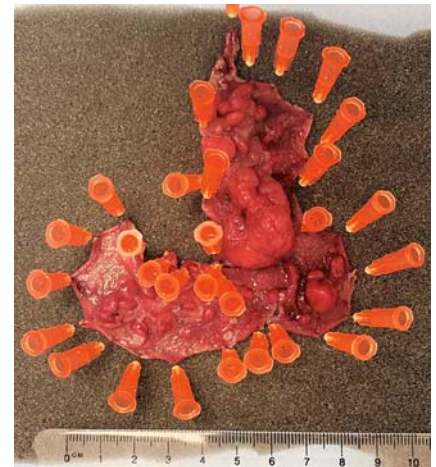
► **Fig. 1** Endoscopic views showing multiple coalescent polypoid lesions: **a** in the anal transitional zone; **b** at the ileoanal anastomosis.



► **Fig. 2** Endoscopic views showing: **a** severe fibrosis and surgical staples visible at the anastomotic site; **b** the post-endoscopic submucosal dissection ulcer in the anal transitional zone.

A 48-year-old man with a history of familial adenomatous polyposis (FAP) underwent prophylactic restorative proctocolectomy and ileal-pouch anal anastomosis 16 years ago and was subsequently lost to follow-up. He re-presented with rectal bleeding and endoscopy revealed multiple coalescent polypoid lesions (T0-I<sub>s</sub>+II<sub>a</sub>), circumferentially occupying the anal transitional zone (► **Fig. 1 a**) and the area of the surgical anastomosis (► **Fig. 1 b**). Biopsy specimens showed a tubulovillous adenoma with low grade

dysplasia and focal high grade dysplasia. The patient was referred for treatment by endoscopic submucosal dissection (ESD). The procedure was performed in the endoscopy unit, with anesthetic support, using a gastroscope (GIF-HQ190; Olympus), FlushKnife BTS (Fujifilm), and IT Knife nano (Olympus). Severe fibrosis was found at the ileoanal anastomosis and multiple staples were identified beneath the tumor, some of which were removed during the procedure (► **Fig. 2 a**).



► **Fig. 3** Macroscopic appearance of the resected specimen, which measured 75×60×10 mm and showed coalescent polyps.

En bloc excision of the remaining rectal mucosa was successfully achieved (► **Fig. 2 b**; ► **Video 1**), producing a specimen that measured 75×60×10 mm (► **Fig. 3**). Pathology confirmed a tubulovillous adenoma with low and high grade dysplasia, with free tumor margins. No recurrence, stricture, or changes in bowel habit were noted at follow-up.

The ESD technique can remove gastrointestinal neoplasias, even when they are associated with severe fibrosis [1]. Although technically difficult, the authors suggest that ESD is a safe and effective treatment for complete resection of lesions associated with severe fibrosis, as found at the perianastomotic site. Restorative proctocolectomy and ileal-pouch anal anastomosis is the treatment of choice for patients with FAP and profuse adenomas, but may leave residual anal transitional zone mucosa that is prone to adenoma formation (incidence 10%–51%) [2]. Long-term annual endoscopic surveillance needs to be emphasized [3]. To the best of the authors' knowledge, this is the first case of ESD for coalescent polyps located in the anal



**Video 1** Endoscopic submucosal dissection for coalescent polyps in the anal transitional zone after restorative proctocolectomy and ileal-pouch anal anastomosis in a patient with familial adenomatous polyposis.

transitional zone after restorative proctocolectomy and ileal-pouch anal anastomosis in a patient with FAP.

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### Competing interests

The authors declare that they have no conflict of interest.

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