Endoscopic submucosal dissection (ESD) is the technique of choice for the resection of superficial colorectal lesions larger than 20 mm [1], but the procedure can be technically challenging in some situations. If a lesion involves a diverticulum, there is fear of a higher risk of perforation due to the lack of muscle layer. However, ESD has recently been described as safe and effective in this particular case [2]. Use of a clip and rubber band (counter-traction technique [3]) can help to achieve a satisfying resection with higher technical comfort. This technique has been proved to be effective and safe for resection of neoplastic lesions involving the appendiceal orifice [4]. However, few data are available for lesions involving a diverticulum [5].

We report the case of a 40 × 30 mm non-granular laterally spreading tumor (NG-LST) deeply invading a colonic diverticulum (Type 3 LST) (Fig. 1), which was resected with ESD using the countertraction technique (Video 1). After submucosal injection around the diverticulum, complete circumferential incision and deep trimming were performed. The first clip grasping a rubber band was fixed at one side of the lesion and a second clip grasping the same rubber band was fixed at the opposite colonic wall (Fig. 2). This counter-traction technique allowed better exposition of the submucosa under the diverticulum, thus strongly facilitating an en bloc resection (Fig. 3). The ulcer floor of the diverticulum was closed by two clips at the end of the procedure to prevent delayed perforation [2]. The patient was discharged the following day without any adverse events. The histopathology report showed a adenoma with high grade dysplasia and a complete en bloc resection (R0).

This case report, along with others [5], describes the feasibility of ESD with counter-traction method for resection of LSTs deeply invading a diverticulum.

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Competing interests

The authors declare that they have no conflict of interest.
The authors

Thomas Lambin1,2, Jérémie Jacques3, Jérôme Rivory1, Florian Rostain1, Timothée Wallenhorst4, Mathieu Pioche1,2
1 Gastroenterology and Endoscopy Unit, Pavillon L, Edouard Herriot Hospital, Lyon, France
2 Inserm U1032, Labtau, Lyon, France
3 Gastroenterology and Endoscopy Unit, Dupuytren University Hospital, Limoges, France
4 Department of Gastroenterology, Pontchaillou University Hospital, Rennes, France

Corresponding author

Thomas Lambin, MD
Endoscopy Unit – Digestive Disease department, Pavillon L – Edouard Herriot Hospital, 69437 Lyon Cedex, France thomaslambin@hotmail.fr

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