Endoscopic submucosal dissection with double-endoscope and snare-based traction for adenoma involving the ileocecal valve

A 2.7-cm lateral spreading tumor involved the ileocecal valve. Most of the lesion was in the terminal ileum and was very hard to approach colonoscopically (Fig. 1, Fig. 2). Performing endoscopic submucosal dissection (ESD) without any additional traction would have been very demanding. The idea of double-endoscope-assisted ESD (DS-ESD) has been proposed for treatment of tumors in the cecum and distal colon [1,2]. We used double endoscopes, one for ESD and one for traction, to pull the lesion out of the terminal ileum and resect it. We modified DS-ESD with snare-based traction, which was strong and reliable (Fig. 3, Fig. 4). The traction can be adjusted during the procedure. Only around 30 minutes was required to resect this lesion (Fig. 5). ESD with double endoscopes and snare-based traction can make lesions involving the ileocecal valve easier to resect (Video 1).

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Competing interests

The authors declare that they have no conflict of interest.

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Video 1 Endoscopic submucosal dissection with double endoscopes and snare-based traction for a flat lesion involving the ileocecal valve. Source for graphical illustration: Chu-kuang Chou, Chiayi Christian Hospital, Taiwan.