Colonic angiodysplasias are vascular malformations frequently responsible for recurrent bleeding, for which the gold standard endoscopic treatment is argon plasma coagulation (APC). However, APC can be risky, particularly in the right colon and in cases of large angiodyasplasias. Indeed, secondary perforation caused by transmural necrosis due to the unpredictability of the destruction depth is a potentially life-threatening complication of APC in the right colon (prevalence 1%) [1]. Moreover, APC frequently induces immediate bleeding and clot formation, reducing its efficacy and leading to a high rebleeding rate. Finally, the cost of the procedure is not negligible and patients suffering from bleeding often require urgent transfer to a specialist center.

We report endoscopic mucosal resection (EMR) as an alternative for treating colonic angiodyasplasia. After NaCl injection, EMR is performed using an Endocut current to remove angiodyasplasia (▶ Video 1, ▶ Fig. 1, ▶ Fig. 2). Coagulation of the resection scar (▶ Fig. 3) is performed simultaneously with identification of the feeding vessel, which is coagulated using the tip of the snare. Finally, the scar is closed using classic hemoclips (▶ Fig. 4). An Australian team has reported that this method shows promise based on its broad availability, low cost, and rapidity [2].

Angiodysplasia is caused by vascular ramification in the mucosae originating from a feeding vessel. Targeting the feeding vessel by EMR could be the optimum treatment modality. A prospective comparative study is needed to confirm this hypothesis.

Is endoscopic mucosal resection optimum for treating colonic angiodyasplasia?

Competing interests

The authors declare that they have no conflict of interest.

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