A 39-year-old man was diagnosed with an 8-mm neuroendocrine tumor (NET) in the rectum (▶ Fig. 1a). Endoscopic ultrasound indicated that the lesion was confined to the submucosa. In order to get an en bloc resection, we developed an underwater endoscopic mucosal resection (EMR) technique assisted by an additional working channel (AWC) that we made ourselves.

A nasal oxygen tube about 30 cm in length was taped to the outside of the endoscope to become an AWC. The snare could move back and forth and rotate freely through the tube (▶ Video 1). After the snare was placed around the lesion through our self-made AWC, the lesion was grasped underwater with a reopenable clip (▶ Fig. 1b). The clip was pulled back in the water and the snare was tightened.
tened to perform resection with an Endo-
cut Q (effect 3, cut duration 2, cut inter-
val 4) (▶Fig. 1c). The wound was clean
and without bleeding or perforation
(▶Fig. 1d). Finally, the fresh specimen
was stretched and fixed on a foam plate
with the mucosal surface facing down-
ward (▶Fig. 1e). Histological exami-
nation showed a grade 1 NET with nega-
tive vertical and horizontal margins
(▶Fig. 1f).

Edris Wedi et al. reported that a com-
mercially available system called EMR+
was a practical method of overcoming
the limitations of classical EMR [1]. We
believe that our self-made AWC using a
nasal oxygen tube, which is a very easily
accessible thing, can achieve the same
effect. Combined with the advantages
of underwater EMR, this technique can
be successfully and inexpensively applied
to deal with gastrointestinal NETs, most
of which are in the submucosa.

Competing interests

The authors declare that they have no con-
clusion of interest.

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