A 70-year-old man with a history of ischemic cardiopathy, taking clopidogrel as his usual treatment, was referred because of cholangitis. Computed tomography and magnetic resonance imaging scans revealed a dilated bile duct without any obvious obstruction. Gastroscopy and endoscopic ultrasound were performed in search of an ampulloma, and unexpectedly identified a sessile tumor 2 cm above the gastroesophageal junction (Fig. 1). Gastroscopy performed with a high definition endoscope and magnification (EG-760Z; Fujifilm, Tokyo, Japan) confirmed a 0-Ip esophageal lesion with a suspicious irregular mucosal and vascular pattern (Fig. 2).

In the absence of endoscopic features suggesting deep submucosal invasion, endoscopic resection was chosen. Owing to the sessile shape of the lesion, an underwater endoscopic mucosal resection (UEMR) was performed. We used a water pump to fill the entire esophageal lumen with saline (Video 1). A 15-mm diathermic snare was deployed to encircle the tumor, and was then closed on the polyp (Fig. 3). Safe margins were confirmed endoscopically before resecting the lesion using an Endocut current. After the resection, minor bleeding was successfully treated with the tip of the snare in soft coagulation mode, and the wound was closed with standard clips.

The resected specimen was 1.5 × 0.8 × 0.6 cm in size. Histological examination revealed a well-differentiated intramucosal adenocarcinoma, with margins free of dysplasia and cancer.

Previous studies have reported colorectal [1-3] and gastric [4] UEMR as an alternative to classic EMR. To the best of our knowledge, this is the first UEMR reported for an esophageal lesion. UEMR can be used for small sessile or pedunculated lesions in the esophagus, and is safe, fast, and efficient.

**Endoscopy_UCTN_Code_TTT_1AO_2AC**

**Competing interests**

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

Paul Doumbe-Mandengue1, Sophie Geyl1, Anne Guyot2, Mathieu Pioche3, Rebecca Rodrigues1, Jérémie Alhouys1, Jérémie Jacques1

1 Department of Gastroenterology and Hepatology, University Hospital Dupuytren, Limoges, France
2 Department of Pathology, University Hospital Dupuytren, Limoges, France
3 Department of Gastroenterology and Hepatology, University Hospital Edouard Herriot, Lyon, France

Corresponding author

Paul Doumbe-Mandengue, MD
Gastroenterology, CHU Dupuytren, 2 avenue Martin Luther King, Limoges 87000, France
paul.mandengue@hotmail.fr

References


Bibliography

Endoscopy
DOI 10.1055/a-1847-7235
ISSN 0013-726X
published online 2022
© 2022. The Author(s).
This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (https://creativecommons.org/licenses/by-nc-nd/4.0/)
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany