A new needle-type endoknife, ProKnife (Boston Scientific Corp., Marlborough, Massachusetts, USA), for endoscopic submucosal dissection (ESD), has two features that are similar to other endoscopic knives that permit injection as well as dissection [1]. The first is a 24-gauge injection lumen opening at the needle tip, which enables focal injection of highly viscous liquids, such as hyaluronic acid [2, 3]. The second is a disk-shaped blunt tip that can selectively hook fibrotic tissues and blood vessels in the submucosal layer without breaking these structures before electric current flows. We present two cases in which these features were highly advantageous in terms of their additional uses during ESD procedures (▶ Video 1).

**Case 1.** Although the color change when using Lugol's solution is useful for diagnosing the extent of superficial esophageal squamous cell carcinoma, it disappears within a few minutes, resulting in the frequent need to reapply it to large lesions. Using the ProKnife, Lugol's solution could be repeatedly sprayed without device exchange (▶ Fig. 1a–c). Moreover, this advantage minimized the amount of focal spray, reducing the risk of aspiration due to backflow. After marking, Lugol's solution in the lumen of the device, as well as in the lesion area, was neutralized by flushing with sodium thiosulfate solution (▶ Fig. 1e), so that the same device could be used throughout the procedure.

**Case 2.** Although triamcinolone injection into the submucosa after ESD for gastric/esophageal cancer has been reported to be useful in preventing postoperative stenosis [3, 4], it poses a risk of perforation when it is inadvertently injected into the muscularis and requires meticulous manipulation. In this case, after ESD for a...
lesion at the gastric cardia, triamcinolone could be injected selectively into the residual submucosa using a ProKnife. The process seemed safe because the blunt tip did not penetrate into the muscularis even when strong pressure was applied. Esophagogastroduodenoscopy performed 2 months later, showed no stenotic change at the ESD scar (Fig. 2).

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**Competing Interest**

The authors declare that they have no conflict of interest.

**References**


**Bibliography**

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