Endoscopic intermuscular dissection for a lower rectal gastrointestinal stromal tumor

The standard treatment for rectal gastrointestinal stromal tumors (GISTs) without metastases is total surgical resection, but this strategy is controversial owing to the extremely low prevalence of GISTs. Minimally invasive transanal surgery can be performed as a surgical reduction technique via transanal local excision; however, this technique is not as selective as endoscopic resection and anastomotic leakage is a reported complication as a result of full-layer resection [1]. Although a number of endoscopic resections have been reported [2, 3], no established procedure is available.

A 36-year-old man was diagnosed with a GIST of approximately 1.5 cm in the lower rectum (Fig. 1). Endoscopic ultrasound revealed a tumor that was predominantly located in the internal circular muscle, without invasion of the external longitudinal muscle (Fig. 2). We considered selective resection to preserve the external longitudinal muscle and subsequently performed endoscopic intermuscular dissection [4]. We used a GIF-H290T gastroscope (Olympus, Tokyo, Japan) with an ST hood short-type tip (DH-28GR; Fujifilm, Tokyo, Japan) and resected the tumor using a DualKnife J (Olympus, Tokyo, Japan) and injection of hyaluronic acid. We adopted the Endocut I mode (effect 2, duration 3, interval 3) of the VIO300-D electrosurgical system (Erbe Elektromedizin GmbH, Tübingen, Germany) during myotomy. Treatment was completed within 45 minutes without perforation (Video 1; Fig. 3). Pathological findings demonstrated complete resection without tumor exposure and a very low risk GIST (Fig. 4) [5]. The layer between the inner circular and external longitudinal muscles was accessed and injected with water-jet instrumentation to facilitate dissection and selective excision. The patient was discharged on the sixth postoperative day without complications.
Endoscopic intermuscular dissection can be a treatment option for lower rectal GISTs without preoperative invasion of the external longitudinal muscle.

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Competing interests

The authors declare that they have no conflict of interest.

References


Bibliography

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Fig. 4 Histopathology of the resected submucosal tumor showing: a on hematoxylin and eosin staining, the tumor surface covered by the submucosal and muscular layer, with no tumor exposure observed; b positivity on c-Kit staining; c a Ki-67 index of <5%.