Successful en bloc endoscopic submucosal dissection of a giant rectal laterally spreading adenoma

A 71-year-old woman with diarrhea and weight loss was admitted to the hospital. Colonoscopy revealed a large laterally spreading tumor in the rectum, 5 cm from the anus. The mass was approximately 14 cm long and involved approximately five-sixths of the rectal circumference. Chromo-magnification endoscopy and endoscopic ultrasonography confirmed that the lesion did not involve the submucosa. After discussion with the patient, written informed consent was obtained before she underwent endoscopic submucosal dissection (ESD). The procedure was done with the patient under deep sedation. A forward-viewing endoscope (GIFQ260; Olympus Medical Systems Corporation, Tokyo, Japan) was used with a transparent distal cap attachment (MH-588; Olympus). A solution of sodium hyaluronate and glycerol fructose premixed in a ratio of 1:4 was used for the submucosal injection. After the mucosa had been fully lifted, a circumferential incision was made around the lesion with a dual knife (KD-650Q; Olympus). En bloc removal was accomplished by progressively raising the lesion with repeated submucosal injections and dissection with the dual knife (Fig. 1). A coagulat-
ing forceps (Coagrasper, FD-410LR; Olympus) was used to control any visible bleeding during the procedure. The total procedure time was 210 minutes. There was no major complication related to the procedure. The en bloc specimen measured 14×10 cm. Histopathologic examination showed a tubulovillous adenoma with high grade dysplasia (Fig. 2). At the 6-month follow-up, the wound was completely healed, with no residual neoplasm.

ESD has been demonstrated to be effective in the en bloc removal of colorectal laterally spreading tumors [1]. It has the advantages of allowing a complete pathologic evaluation of the specimen and a low rate of recurrence. Several authors have reported the successful en bloc resection of large colorectal laterally spreading tumors (>9 cm) by ESD [2–4]. In our case, we also demonstrated the feasibility and safety of using ESD to remove a large rectal laterally spreading tumor.

Competing interests: None

Xiaowei Tang, Bo Jiang, Wei Gong
Department of Gastroenterology, Nanfang Hospital, Southern Medical University, Guangzhou, China

References
4 Yamazaki K, Saito Y, Fukuzawa M. Endoscopic submucosal dissection of a large laterally spreading tumor in the rectum is a minimally invasive treatment. Clin Gastroenterol Hepatol 2008; 6: e5–e6

Bibliography
Endoscopy 2014; 46: E615–E616
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
Wei Gong, MD
Department of Gastroenterology Nanfang Hospital No. 1838, Guangzhou North Avenue 510515 Guangzhou China
Fax: +8602061641541
drgwei@foxmail.com