A 76-year-old woman was referred to the National Cancer Center Hospital for treatment of a large laterally spreading tumor (granular-type) of the rectum (Fig. 1a). The lesion was >10 cm in diameter. There were no endoscopic findings suggesting submucosal invasion, and therefore endoscopic submucosal dissection (ESD) was chosen as radical treatment. The ESD procedure was performed, and a en bloc resection was achieved (Fig. 1b, c).

Following the ESD procedure, attempts were made to remove the specimen through the anal canal using a retrieval device (Roth Net; Olympus Co., Tokyo, Japan). However, this approach failed because of the size of the tumor. It was therefore decided to use a sliding overtube (ST-C5; Olympus Co., Tokyo, Japan) to remove the specimen from the rectum (Video 1). To obtain maximal suction effect, one end of the overtube was packed using a surgical glove (Fig. 2b). The colonoscope was withdrawn, and the overtube was fitted to the colonoscope. After visualizing the specimen, the overtube was carefully inserted into the rectum. Then the colonoscope was pulled out and back into the sliding tube repeatedly. Under direct visualization the specimen was vacuumed up into the sliding tube, and the sliding tube was removed from the rectum (Video 1). The resected specimen was 135 mm long and 105 mm wide (Fig. 3).
Histopathological examination revealed intramucosal carcinoma with tumor-free resection margins.

ESD allows the removal of large endoluminal gastrointestinal tumors, resulting in high rates of cure [1,2]. An en bloc resection specimen is needed for accurate pathological evaluation. In gastric and esophageal ESD, large resected specimens can be retrieved through the esophageal tract using large forceps because the tissue is thick and tough. Colorectal tumors, however, are fragile. Furthermore, the anal sphincter creates a collapsing pressure, often impeding the removal of lesions from inside the rectum. The sliding tube and surgical glove are very common items in the endoscopy unit. Thus, the retrieval method described here can be performed very easily without additional specialized equipment.

Endoscopy_UCTN_Code_TTT_1AO_2AN

Competing interests: None

Hisatomo Ikehara1,2, Yutaka Saito2, Toshio Uraoka3, Takahisa Matsuda2, Hiroto Miwa1

1 Division of Gastroenterology, Hyogo College of Medicine, Hyogo, Japan
2 Division of Endoscopy, National Cancer Center Hospital, Tokyo, Japan
3 Department of Gastroenterology, National Hospital Organization Tokyo Medical Center, Tokyo, Japan

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1391496
Endoscopy 2015; 47: E168–E169
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Yutaka Saito, MD, PhD
Endoscopy Division
National Cancer Center Hospital
5-1-1 Tsukiji, Chuo-ku
Tokyo 104-0045
Japan
Phone: +81-3-3542-2511
ytsaito@ncc.go.jp

Video 1
Endoscopic submucosal dissection (ESD) of a large laterally spreading tumor (granular-type) of the rectum. The large resection specimen was retrieved using an overtube, after standard methods using a Roth Net (Olympus Co., Tokyo, Japan) failed.