Cold polypectomy for colorectal polyps has been widely performed in Western countries and is now becoming widespread in Japan. Both cold forceps polypectomy (CFP) and cold snare polypectomy (CSP) are safe and efficient for colorectal polyps [1, 2]. These procedures are excellent in regard to safety, in particular because electrocautery is not needed; thus, perforation or delayed bleeding rarely occurs [1, 2]. However, there have been no reports of cold polypectomy for duodenal polyps.

A 70-year-old woman had a type IIa non-ampullary duodenal lesion (4-mm diameter) in the second portion of the duodenum (Fig. 1a). CFP planned with two bites of a jumbo forceps (Radial Jaw 4 Jumbo Biopsy Forceps; Boston Scientific, Natick, Massachusetts, USA) was used to resect the lesion (Fig. 1b). The pathological diagnosis was low grade adenoma. A 57-year-old man had a type Is non-ampullary duodenal polyp (4-mm diameter) in the third portion of the duodenum. CSP with an oval snare (Profile Polypectomy Snare, 11 mm; Boston Scientific) was used to resect the lesion endoscopically en bloc without submucosal injection or electrocautery (Fig. 2a, Fig. 2b). The final pathological diagnosis was also low grade adenoma.

In both cases, the lesions were diagnosed as low grade adenoma before resection by magnifying endoscopy with narrow-band imaging [3]. The ulcers were closed after resection with endoscopic clips, and neither patient had a complication, such as perforation or delayed bleeding. Both underwent upper gastrointestinal endoscopy 3 months after resection, which confirmed the morphological and pathological absence of residual tumor via biopsy findings (Fig. 1c, Fig. 2c).

To the best of our knowledge, this is the first report of cold polypectomy for duodenal lesions. Nonampullary duodenal adenomas/carcinomas are usually resected by endoscopic mucosal resection (EMR) or endoscopic submucosal dissection (ESD). However, when either EMR or ESD is performed for duodenal tumors, the risk for complications, such as perforation and delayed bleeding, is higher than when the procedure is performed for lesions in other parts of the digestive tract [4, 5]. Cold polypectomy is exceptionally safe and may be effective treatment for nonampullary duodenal adenomas, especially smaller lesions.

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References
2 Ichise Y, Horiuchi A, Nakayama Y et al. Prospective randomized comparison of cold snare polypectomy and conventional polypectomy for small colorectal polyps. Digestion 2011; 84: 78–81

Bibliography
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