Underwater endoscopic resection of a neuroendocrine rectal tumor

A 51-year-old woman was referred for the endoscopic treatment of a distal rectal NET. Colonoscopy revealed a yellowish, hardened, 10-mm lesion with a subepithelial aspect, compatible with NET (Fig. 1). Water was infused until the rectum lumen was completely filled (Fig. 2). An opened snare (SnareMaster; Olympus, Tokyo, Japan) was pushed against the rectal wall to capture a safe margin of normal mucosa (Fig. 3). Forced coagulation was used for the initial cutting, and endocut mode (ERBE Elektromedizin, Tübingen, Germany) was then used to complete the resection. In the post-procedural examination, no sign of perforation or residual lesion was observed (Fig. 4). Histologic examination of the specimen revealed a well-differentiated grade 1 NET invading the deep submucosal layer with tumor-free resection margins and without angiolymphatic or perineural invasion.

Underwater endoscopic resection of rectal NET can be a new treatment option and was feasible in this case. Case series are needed to confirm the efficacy of this technique.

Competing interests: None

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