The endoscopic resection of colorectal polyps that are limited to the mucosa is a well-established procedure. Nevertheless, modern imaging technology and screening programs have increased the detection of benign but large (>20 mm) polyps.

In flat laterally spreading tumors (LST), especially the nongranular (NG) type, the rate of submucosal invasion is found to be as high as 39% (34%–44%) [1]. For this reason a resection in one piece is mandatory [2].

We report on the resection of a 25-mm flat rectal LST-NG in a 60-year-old patient who was admitted to the Klinikum Augsburg after screening colonoscopy (Fig. 1). Examination with a high definition colonoscope (CF-HQ 190I; Olympus Medical Systems, Tokyo, Japan) demonstrated a Sano Type II, pit pattern III lesion. We decided to use two newly developed devices, the Flat Adenoma Resection Instruments (Endox-Feinmechanik GmbH, Bad Urach, Germany). Submucosal injection was performed using a mixture of saline, epinephrine (1:100 000), glycerol.
and a small amount of indigo carmine solution. Circumferential incision was performed using the FARIn Type I, a rhomboid-shaped device with a small 1-mm cutting tooth at the distal tip. A high frequency generator (VIO 300 D; Erbe, Tübingen, Germany) was configured to AUTO CUT 300 W and FORCED COAG 30W. After circumferential incision, the specimen could be resected en bloc using the FARIn Type C, a symmetric snare with a cutting wire length of 15 mm (Video 1).

The histopathological examination showed an adenoma with high grade dysplasia, and an adherent submucosal layer to a depth of >1000 µm under the entire lesion (Fig. 3). In summary, the FARIn instruments allowed the en bloc resection of a large (>20 mm) LST-NG with adherent submucosal layer (>1000 µm), which meets the specimen requirements for pathological complete resection (R0).

Competing interests: Dr. Farin is the inventor of the FARIn devices.

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Fig. 3 The histopathological examination showed an adenoma with high grade dysplasia in the center of the lesion and an adherent submucosal layer of > 1000 µm in depth (DST). Complete (R0) circumferential resection of the lesion was achieved (hematoxylin and eosin × 20).