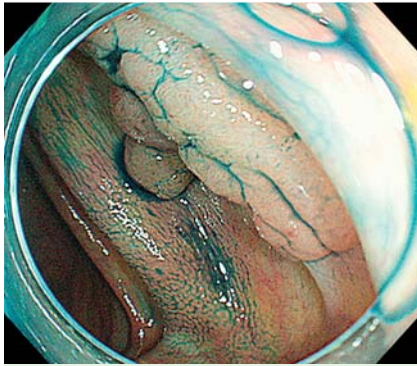
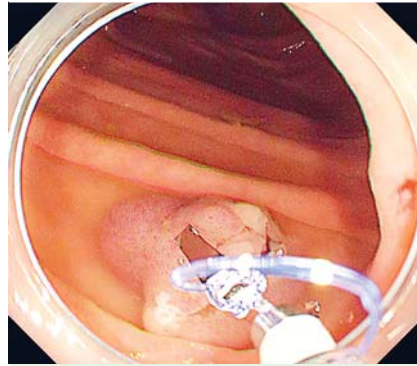


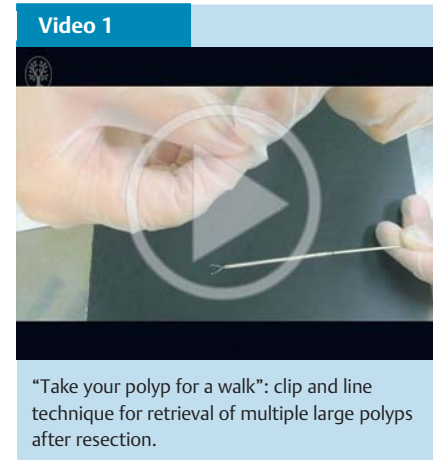
## “Take your polyp for a walk”: endoscopic retrieval of multiple colon polyps using a clip and line



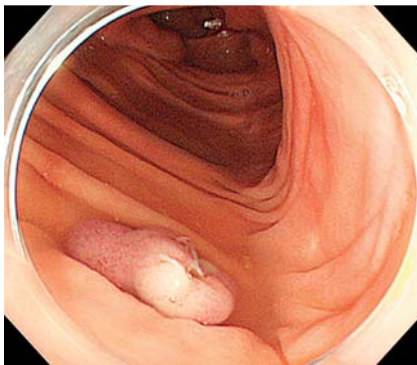
**Fig. 1** Chromoendoscopic image of a large (20mm) laterally spreading adenoma in the ascending colon.



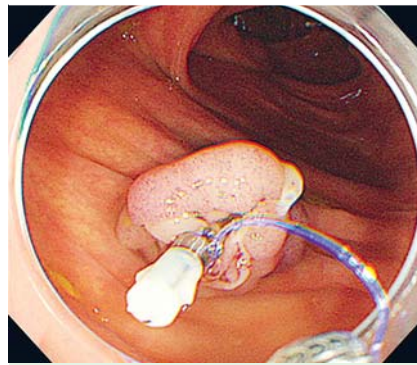
**Fig. 4** Application of a clip and line to a resected specimen.



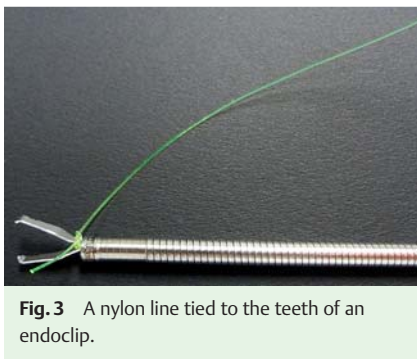
**Video 1**  
“Take your polyp for a walk”: clip and line technique for retrieval of multiple large polyps after resection.



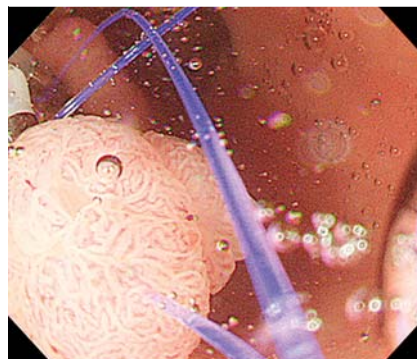
**Fig. 2** The resected polyp after underwater endoscopic mucosal resection.



**Fig. 5** A resected specimen connected to the endoscope by the clips and lines.



**Fig. 3** A nylon line tied to the teeth of an endoclip.



**Fig. 6** Retrieval of two resected specimens using the clip and line.

Detecting and removing colonic polyps reduces the incidence of colorectal cancer [1]. Small polyps can be retrieved through a working channel into a suction trap or discarded, as almost all are indolent and pathological examination is not considered to be important [2,3]. As large polyps ( $\geq 10$  mm) may harbor invasive cancer,

they should always be retrieved and sent for careful pathological examination. During retrieval by suction or grasping, polyps may drop off and roll back into the colon or block further endoscopic view, preventing the detection of other polyps. Moreover, the number of polyps retrieved by conventional methods is lim-

ited. This report describes a new retrieval method, using a clip and line, which does not require withdrawal and reinsertion of the colonoscope.

A 78-year-old man was referred for endoscopic resection of polyps located in the ascending and transverse colon (● Fig. 1, ● Video 1). After removal of the polyp in the ascending colon (● Fig. 2), a nylon line was attached to the teeth of an endoclip (HX-610-090; Olympus, Tokyo, Japan) (● Fig. 3), as described elsewhere [4]. The endoclip was applied to the polyp (● Fig. 4), and the resected specimen was attached to the endoscope via the clip and line (● Fig. 5). The examination was continued while maintaining the distance between the resected specimen and the tip of the endoscope, so as not to impair the endoscopic view. As the channel was not blocked, it was possible to resect additional polyps, with small polyps removed by suction through the channel and large polyps held in the lumen by additional clips and lines before subsequent retrieval. A polyp in the transverse colon was removed and retrieved using the same method (● Fig. 6). A similar method has been described, but the clip and line were applied before polypectomy [5]. We believe that our method is simpler and more effective than this earlier method.

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**Competing interests:** None

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### Bibliography

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