Endoscopic full-thickness resection of a submucosal right colon lesion

A novel endoscopic full-thickness resection device (Ovesco Endoscopy, Tübingen, Germany) has been developed based on the combination of an over-the-scope clip with an enlarged resection cap (21 mm) and a snare preloaded in the distal rim of the cap [1,2]. We report the case of a 53-year-old woman with a history of abdominal panniculitis with fat necrosis and perivasculitis with giant cell histiocytosis. She complained of weight loss, abdominal pain, and fever. Positron emission tomography (PET) scan showed fluorodeoxyglucose uptake within the right colon, and subsequent lower endoscopy showed a 12-mm submucosal round lesion next to the ileocecal valve (Fig. 1). A sample was taken by unroofing the lesion with a needle knife. As the diagnosis was not definitive for non-Hodgkin lymphoma, we decided to perform an en bloc endoscopic full-thickness resection (EFTR) of the submucosal lesion [3].

Before resection, endoscopic marking was performed using the Ovesco probe. As the lesion extended to the deep layers of the wall, every attempt to grasp it inside the cap using the Twin grasper (Ovesco Endoscopy) was ineffective. We therefore decided to capture the lesion using suction, and as soon as we were sure that the whole lesion was inside the cap, we deployed the preloaded clip. Resection was achieved using the integrated snare (Erbe ICC200, pure cut, 200W) (Fig. 2, Fig. 3, Video1).

The procedure time was 21 minutes (including the time to reach the right colon), and conscious sedation with propofol was used. No antibiotic therapy was administered. No complications were reported and the patient was discharged the following day.

A definitive diagnosis of nodular submucosal localization of diffuse large B-cell lymphoma was made (Fig. 4).

This is a very unusual case of B-cell lymphoma because no lymphadenopathy...
was detected at the PET and computed tomography scans; only a single 6-mm hepatic nodule was identified. The patient is now receiving chemotherapy treatment with R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisolone).

This is the first case to be reported of EFTR of submucosal right colon lesion. Our experience shows the feasibility of this novel technique on submucosal lesions in the right colon. EFTR could represent a promising minimally invasive alternative to surgery in selected cases.

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Competing interests: None

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Use of a novel over-the-scope device to perform endoscopic full-thickness resection of a submucosal right colon lesion.