Endoscopic resection is a widely used treatment for gastrointestinal tumors. The major complications of endoscopic resection are bleeding and perforation. Bleeding during the procedure can cause technical difficulties.

Infrared electronic endoscope systems (IREES) with intravenous injection of indocyanine green (ICG; Daiichi Pharmaceutical Co., Ltd., Tokyo, Japan) were developed for the visualization of mucosal or submucosal vessels. The usefulness of IREES in diagnosing gastric cancer or vascular lesions in the gastrointestinal tract has been reported [1].

Endoscopic resection of superficial esophageal cancer and detection of bleeding points was carried out as follows: A forward-viewing endoscope (GIF-Q240 IR; Olympus Medical Systems Co., Ltd., Tokyo, Japan) was introduced. After iodine staining, several milliliters of ICG solution (0.025 mg/ml saline) were injected into the submucosal layer beneath the lesion. The lesion was resected using the EMRC method [5] and retrieved from the gastrointestinal tract soon after resection. The endoscope was introduced again and the post-resection ulcer observed by conventional and infrared endoscopic viewing.

ICG absorbs near-infrared maximally at a wavelength of about 805 nm and reflects infrared at 920–960 nm, while it is displayed in blue in IREES [3, 4]. The ulcer base after endoscopic resection, which is composed of submucosal tissue containing ICG, is displayed in blue on the monitor. If bleeding occurs during the procedure, the bleeding point is usually displayed in white, whereas pooled blood is a dark lucent gray (Fig. 1 and 2). We can therefore distinguish the bleeding point (white) clearly from the pooled blood (dark gray) without aggressive washing.

Using this system, we found that we could visualize bleeding points more clearly than with conventional systems. Although further investigation will be necessary to elucidate the mechanism, we demonstrated the ability of IREES to...
detect a bleeding point during endoscopic resection.

Endoscopy_UCTN_Code_TTT_1AO_2AD
Endoscopy_UCTN_Code_TTT_1AO_2AG

R. Ishihara¹, H. Iishi¹, M. Kato¹, S. Yamamoto², S. Yamamoto², E. Masuda¹, K. Tatsumi¹, Y. Takeuchi¹, K. Higashino¹, N. Uedo¹, M. Tatsuta¹

¹ Department of Gastrointestinal Oncology, Osaka Medical Center for Cancer and Cardiovascular Diseases, Osaka, Japan
² Department of Gastroenterology and Hepatology, Osaka University Graduate School of Medicine, Osaka, Japan

References


Bibliography

© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author

R. Ishihara, MD
Department of Gastrointestinal Oncology
Osaka Medical Center for Cancer and Cardiovascular Diseases
3-3, Nakamichi 1-chome
Higashinari-ku
Osaka 537-8511
Japan
Fax: +81-6-69814067
isihara-ry@mc.pref.osaka.jp