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IMAGE | COLON

Polypoid Growth of Benign Tissue After Endoscopic Full-Thickness Resection

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CASE REPORT

A 70-year-old white woman was referred to our clinic for evaluation of an incompletely resected 25 mm transverse colon tubular adenoma at an outside facility. She had no abdominal symptoms, and her physical examination was unremarkable. Her family medical history showed that her father developed colon cancer after the age of 60.

Repeat colonoscopy at our institution showed a 20 mm sessile transverse colon polyp with overlying scarring. Attempts to lift the polyp were unsuccessful. Therefore, the decision was made to perform endoscopic full-thickness resection (EFTR) using the full-thickness resection device (FTRD; Ovesco Endoscopy, Tübingen, Germany). After the polyp's center and borders were marked, the colonoscope was withdrawn and the FTRD cap was applied to its tip. The colonoscope was then advanced to the lesion site, and complete resection of a 25 mm area was successfully performed with complete tissue retrieval. The resection area was re-examined, and the FTRD clip was in a good position (Figure 1). Histologic examination showed tubular adenoma with clear margins.

Surveillance colonoscopy 6 months later showed a 10 mm sessile polyp at the site of previous EFTR. The polyp's surface pit pattern was similar to the surrounding mucosa (Figure 2). This was lifted and resected with a hot snare. Histologic examination showed benign hyperplastic changes without any evidence of polypoid growth (Figure 3).

EFTR is a novel procedure for the management of lesions that are not amenable to conventional endoscopic resection methods such as nonlifting lesions, lesions with a high probability of malignancy, and lesions located in difficult anatomic locations. It is an attractive alternative to surgical resection or endoscopic submucosal dissection for the management of such lesions.[1,2] Resection site growths after EFTR are usually concerning for incomplete resection or recurrence. However, polyp-like growths of benign tissue after EFTR were noted in 2 of the 8 patients who underwent EFTR at our institution. This may represent a form of clip artifact resulting from reactive tissue growth after tissue entrapment within the clip. This can be considered in the differential diagnosis of resection site growths after ETFR. However, more studies are needed, and until further data are available, resection site growths after EFTR should be removed and histologically examined for evidence of recurrence.

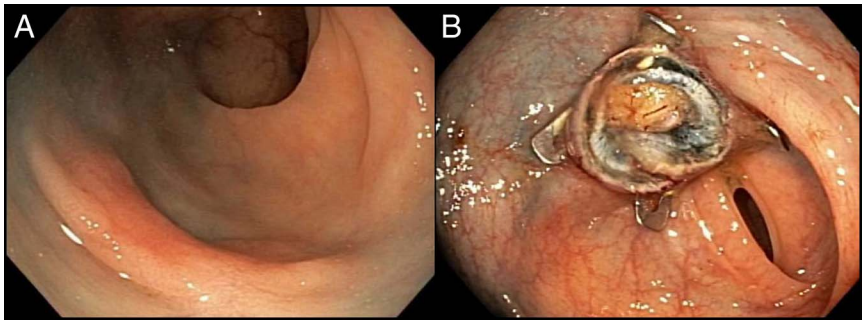

Figure 1. A 20 mm sessile polyp in the transverse colon (A) before and (B) after endoscopic full-thickness resection.

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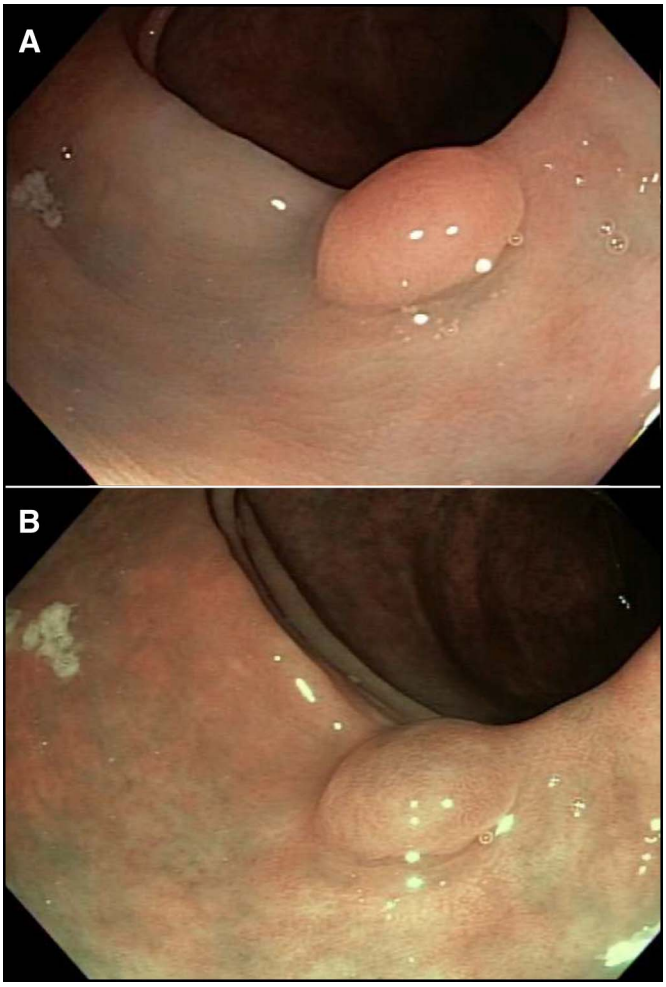

Figure 2. A polypoid growth was noted at (A) the previous resection site and had a (B) similar surface pit pattern on narrow band imaging.

DISCLOSURES

Author contributions: All authors contributed equally to this manuscript. A. Al-Taee is the article guarantor.

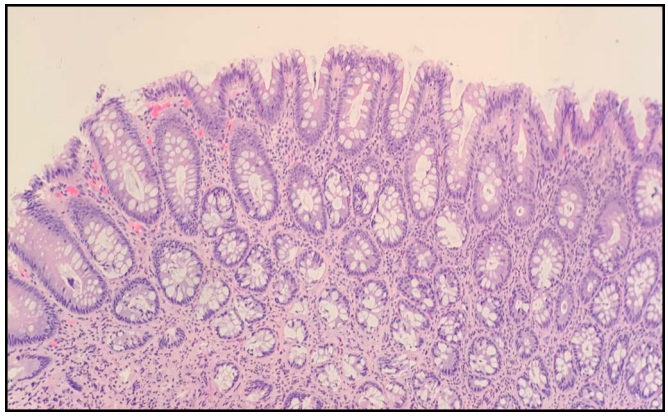

Figure 3. Histologic examination of the resection site polyp showed benign hyperplastic changes without evidence of polypoid growth.

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REFERENCES

1. Schmidt A, Damm M, Caca K. Endoscopic full-thickness resection using a novel over-the-scope device. *Gastroenterology*. 2014;147(4):740–2.e742.
2. Committee AT, Aslanian HR, Sethi A, et al. ASGE guideline for endoscopic full-thickness resection and submucosal tunnel endoscopic resection. *VideoGIE*. 2019;4(8):343–50.