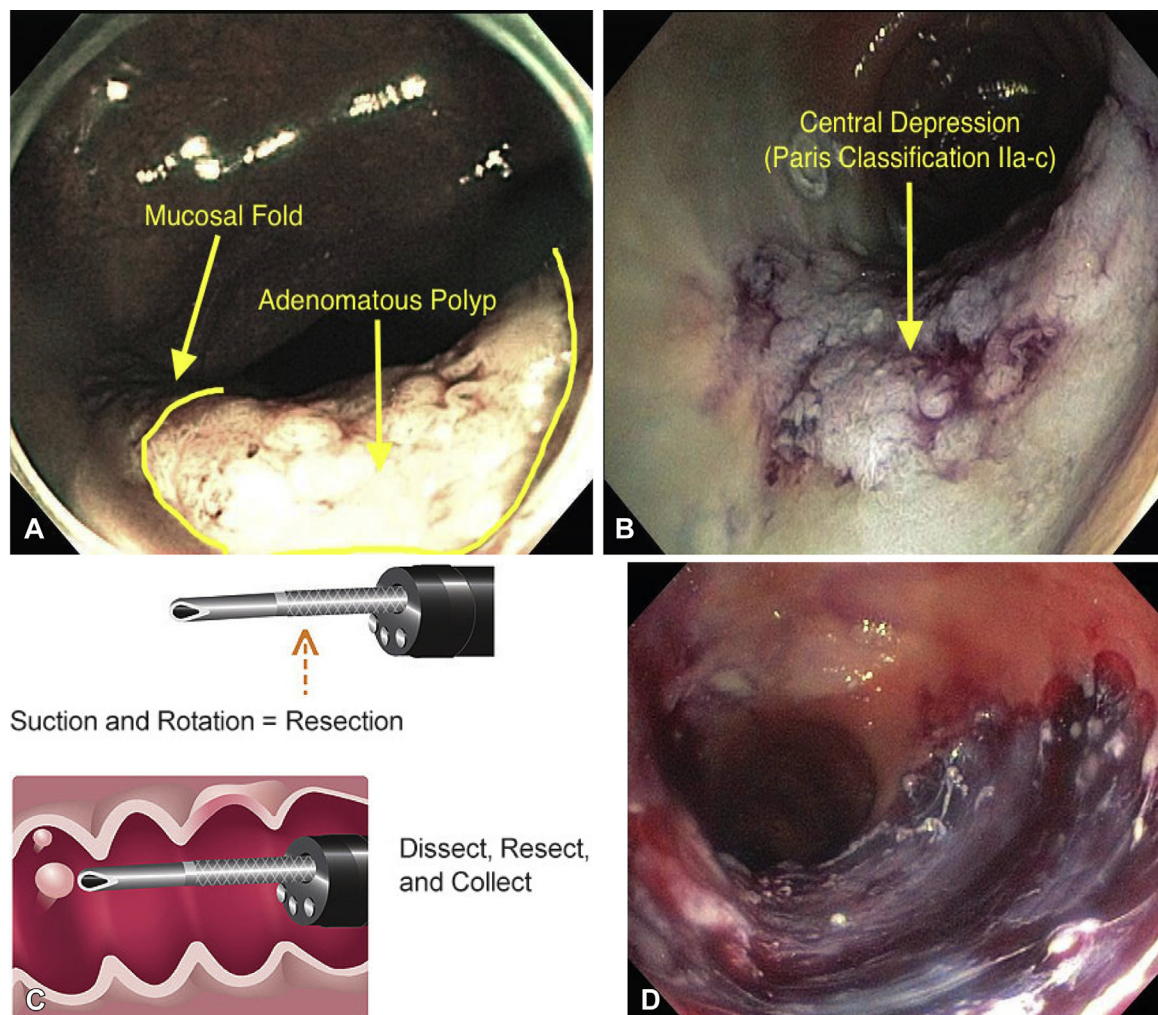


## Sigmoid colon polyp EMR with novel endoscopic morcellator



**Figure 1.** **A**, Sigmoid colon adenomatous polyp draping over folds. **B**, Postsubmucosal lift with central depression, Paris IIa. **C**, EndoRotor Catheter (Interscope, Whitinsville, Mass). **D**, Postmucosal resection with underlying submucosal fibers visualized without evidence of muscularis propria penetration.

A 65-year-old woman underwent screening colonoscopy and was found to have a 60-mm polyp that was removed in piecemeal fashion by another gastroenterologist. The initial pathologic examination noted tubular adenoma with high-grade dysplasia. Repeated surveillance colonoscopy 3 months later noted a 20-mm area of residual focus that was draping over a fold. Examination of repeated biopsy specimens taken at that time noted tubular adenoma without high-grade dysplasia or malignancy (Fig. 1A). Owing to risk factors, such as prior high-grade dysplasia and the location and character-

istics of the polyp, the patient was referred to a colorectal surgeon for evaluation. After discussion with the surgical team, the patient opted to defer surgical intervention and pursue endoscopic treatment (Video 1, available online at [www.VideoGIE.org](http://www.VideoGIE.org)).

The patient was sent to our center for further treatment. An initial attempt at endoscopic submucosal dissection (ESD) was made; however, owing to suboptimal lift, the decision was made to transition to EMR. The lesion was a Paris classification IIa+c lesion (Fig. 1B). Because it was not possible to obtain adequate tissue apposition and

Written transcript of the video audio is available online at [www.VideoGIE.org](http://www.VideoGIE.org).

achieve resection with the snare despite multiple techniques, the decision was made to transition to a salvage EMR technique with use of a novel endoscopic morcellator (Fig. 1C). Using the morcellator device, we were able to obtain complete resection down to the submucosal layer without penetration into the muscularis propria (Fig. 1D). The patient tolerated the procedure well without any immediate adverse events.

The patient was seen at a follow-up visit for repeated surveillance colonoscopy in 4 months. No visible residual focus was noted. Examination of biopsy specimens from the site of the previous resection noted no further adenomatous tissue. Our prolonged time of 20 minutes for the initial resection may be secondary to our limited experience with the novel endoscopic device. We hope that resection times will decrease with increased use of, and comfort with, this device. Another drawback was the inability to obtain an en-bloc specimen.

## DISCLOSURE

*Dr Das is a consultant for and receives research support from Interpace Diagnostics, receives research support from and owns stock in Hygieacare, and is a consultant for Olympus and Boston Scientific. Dr Sachdev is a speaker for Aries Pharma and a consultant for Boston Scientific. All other authors disclosed no financial relationships relevant to this publication.*

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