

Large superficial tumor extending to the appendiceal orifice removed by endoscopic submucosal dissection

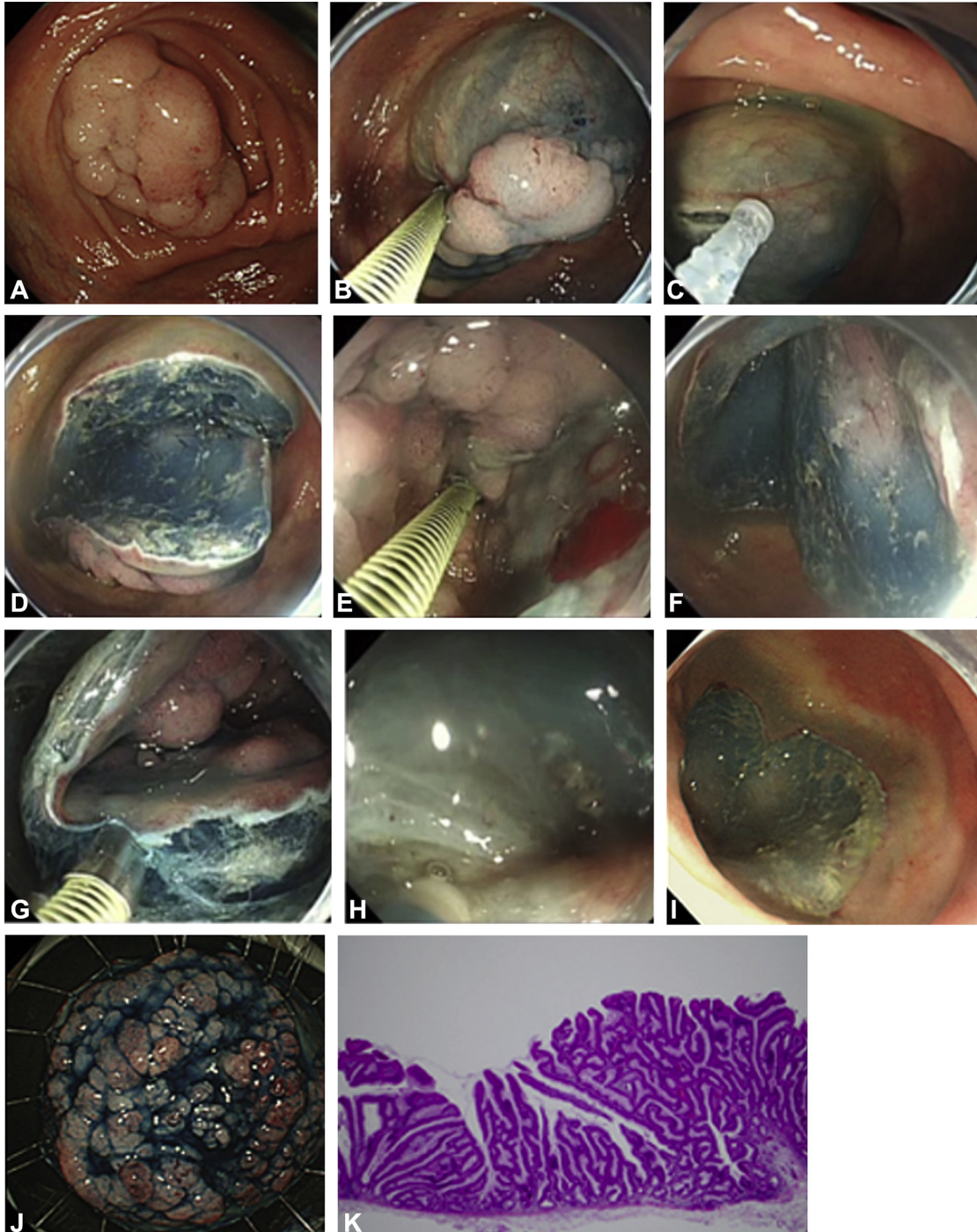


Figure 1. Endoscopic submucosal dissection. **A**, Large superficial tumor extending to the appendiceal orifice. **B-I**, The tumor was hollowed from the orifice. **J**, Resected specimen of tumor. **K**, Pathologic findings of the specimen (H&E, orig. mag. $\times 40$).

Written transcript of the video audio is available online at www.VideoGIE.org.

To achieve accurate pathologic diagnosis, en bloc resection is necessary. Endoscopic resection for cecal tumors extending to the appendiceal orifice is difficult because often the margin cannot be tracked entirely, in addition to the higher risk of perforation. We report the case of a colonic tumor involving the appendiceal orifice successfully treated by endoscopic submucosal dissection (ESD) with the Flex knife and Dual knife (Olympus, Tokyo, Japan) through a single-channel endoscope (Q260J; Olympus). A 66-year-old man was referred to our hospital for treatment of a colonic lesion macroscopically classified as a laterally spreading tumor, granular type (LST-G), which extended to the appendiceal orifice (Fig. 1A). We attempted to resect the lesion endoscopically because the patient had undergone an appendectomy in the past; therefore, his appendiceal orifice had become “shallow.” The margin of the lesion could be recognized visually because the orifice was sutured, so we were able to resect the lesion while directly viewing the appropriate depth of dissection. The tumor was hollowed from the orifice in spite of its remarkable fibrosis, then completely

removed en bloc without any adverse event (Figs. 1B-K; Video 1, available online at www.VideoGIE.org). Pathologic examination showed a tubulovillous adenoma (Fig. 1K). The history of appendectomy made the orifice “shallow” and enabled a margin of the lesion to be obvious.

DISCLOSURE

All authors disclosed no financial relationships relevant to this publication.

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