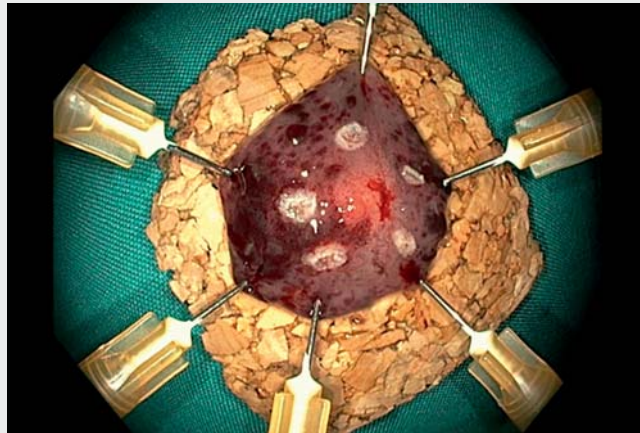


Endoscopic full-thickness resection is a safe and effective method for the treatment of sigmoid schwannomas

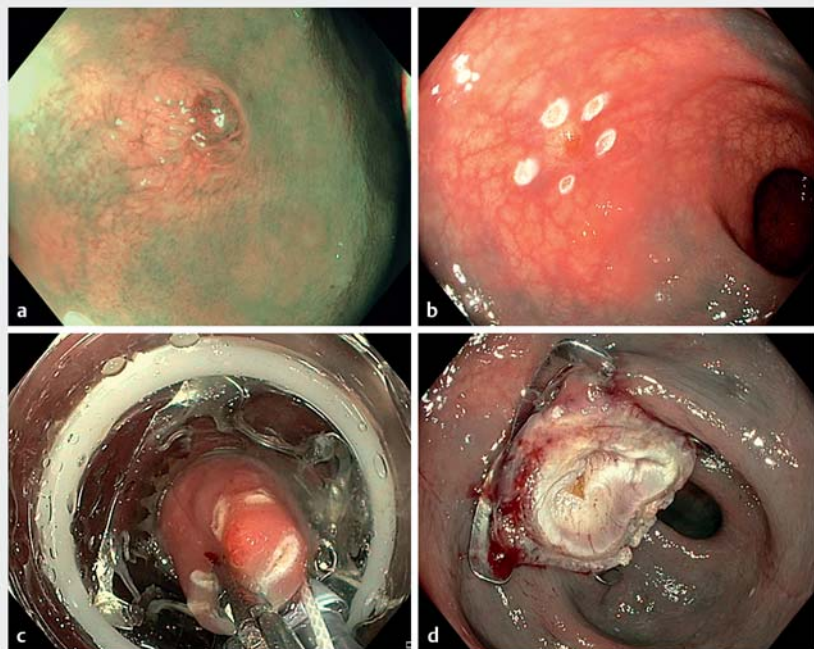
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We report the case of a 49-year-old man with a distal sigmoid schwannoma that was accidentally found during a screening colonoscopy. The patient was referred to our Center for further evaluation. Endoscopic ultrasound (EUS) confirmed the presence of a sigmoid lesion showing a well-circumscribed hyperenhancing mass of 10 mm in diameter, compatible with a gastrointestinal stromal tumor. We decided to perform a full-thickness resection (FTR) of the lesion (▶ **Video 1**). Chromoendoscopy showed the submucosal lesion located in the distal sigmoid colon, near to a previously placed endoscopic tattoo (▶ **Fig. 1 a**). First, the edges of the lesion were marked with the FTR device (FTRD) Marking Probe (Olympus) (▶ **Fig. 1 b**), the lesion was pulled into the FTRD system set (Ovesco Endoscopy) (▶ **Fig. 1 c**) and then removed, with placement of an over-the-scope (OTS) clip (▶ **Fig. 1 d**). The resected lesion was recovered outside and placed on a cork for histological analysis (▶ **Fig. 2**). No peri-procedural complications were observed. Later the same day, after an adequate period of observation, the patient was discharged from our hospital in good general condition. At 3- and 6-month follow-up, rectosigmoidoscopy showed a flat and regular scar, with no macroscopic signs of residual tissue or recurrence, confirming the complete resection of the lesion.

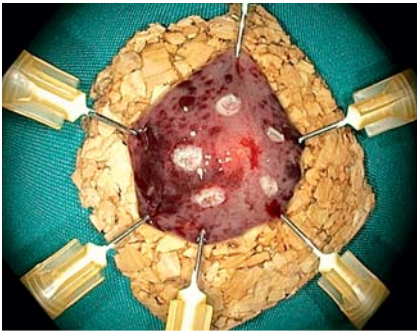
Schwannomas are benign, encapsulated, slow-growing, and usually solitary tumors originating from Schwann cells of the peripheral nerve sheath [1]. In the literature, only two papers have been published on the treatment of schwannomas with FTR [2, 3]. Our experience confirms that FTR, performed by experienced endoscopists, represents a safe and curative technique for the treatment of this rare neoplasm of the gastrointestinal tract. In



▶ **Video 1** Full-thickness resection of a distal sigmoid colon schwannoma.



▶ **Fig. 1** Endoscopic images showing: **a** schwannoma of the sigmoid colon; **b** edges of the lesion marked with the full-thickness resection device (FTRD) Marking Probe (Olympus); **c** lesion pulled into the FTRD System Set (Ovesco Endoscopy); **d** over-the-scope (OTS) clip placed after resection of the schwannoma.



► **Fig. 2** Macroscopic appearance of the resected schwannoma pinned onto cork prior to histological analysis.

the future, prospective studies with a larger number of patients are needed for further validation of this technique in the treatment of schwannomas.

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Competing interests

The authors declare that they have no conflict of interest.

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