EMR of large periampullary neuroendocrine tumor

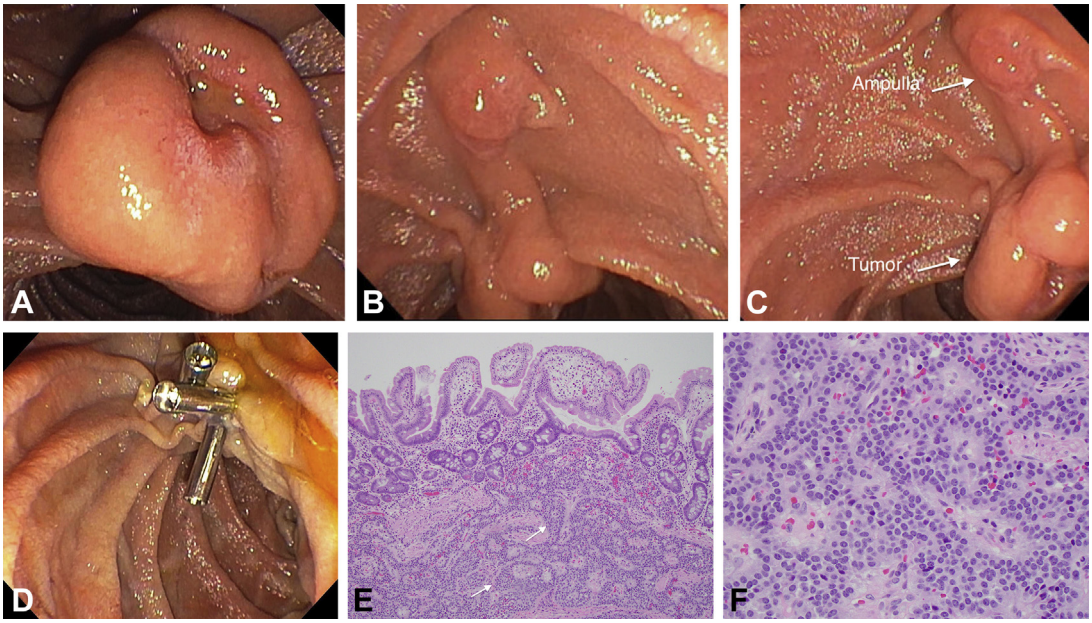

Figure 1. A, Upper endoscopic image showing a 2-cm neuroendocrine tumor. **B, C,** Upper endoscopic images showing the relationship of the tumor to the ampulla. **D,** Upper endoscopic image showing defect with clips placed. **E, F,** Pathology slides showing neuroendocrine tumor (H&E, orig. mag. × 100 and H&E, orig. mag. × 400, respectively). *Arrows* show neuroendocrine cells.

A 74-year-old man with a history of hypertension, chronic kidney disease, and diabetes mellitus type 2 presented with a 2-day history of melena. His hemoglobin level remained unchanged during hospitalization. He underwent an upper endoscopy that showed a 2- to 3-cm periampullary mass (Fig. 1A) concerning for malignancy just distal to the ampulla (Figs. 1B and C). Examination of initial pinch biopsy specimens showed negative results. Subsequent EUS showed a 21- by 11-mm mass that was mucosal in origin without invasion through the muscularis propria. Examination of core biopsy specimens revealed a neuroendocrine (carcinoid) tumor.

The patient was referred to surgery; however, he declined surgical intervention and requested attempts for endoscopic removal. He underwent upper endoscopy under general anesthesia with a plan for EMR (Video 1, available online at www.VideoGIE.org). Injection of 5 mL of epinephrine (1:20,000) was performed in and around the tumor, and a large hexagonal snare was used to remove the tumor in 1 piece with the use of 30 W set to pulse blend cut. The tumor was retrieved with a Roth net. A small defect in the duodenal mucosa was then clipped 3 times (Fig. 1D). Final pathologic examination revealed a well-differentiated neuroendocrine tumor, G1: low grade with clear cautery margins (Figs. 1E and F).

DISCLOSURE

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