




BRIEF REPORT

A dedicated viscous solution for submucosal injection (ORISE Gel) allows rapid and safe endoscopic mucosal resection of a giant (8-cm) cecal laterally spreading tumor (with video)

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Endoscopic mucosal resection (EMR) is the technique of choice for large colonic laterally spreading tumors (LSTs) [1]. The use of a dye-containing fluid solution for submucosal injection is necessary for a better depiction of polyp margins, deep wall layers, and possible residual tissue [2]. In recent years, dedicated viscous solutions have been registered for gastrointestinal (GI) endoscopy together with other routinely used non-dedicated viscous solutions, such as hyaluronic acid or Gelifusine, Eleview (Aries Pharmaceutical, CA, USA), and ORISE Gel (Boston Scientific, MA, USA), a viscous solution mixed with a natural dye, which allow rapid and safe resections because of lower fluid diffusion and prolonged persistence of mucosal elevation. A reduction in the number of device changes (needle, snare), specimens, and intervention duration were allowed [3–7].

We describe the case of an asymptomatic 61-year-old female patient, referred from a colon-cancer-screening program, after positive fecal occult blood test. Index colonoscopy detected a giant (8-cm) granular-type LST involving the cecum and the ileo-cecal valve (Video 1). The case was discussed by a multidisciplinary team and an endoscopic resection attempt was indicated. The superficial pattern analysis, performed under white light plus narrow-band imaging together with dual-focus, showed features of adenoma with no risk of advanced neoplasia (pattern type 2A and focal 2B according to JNET classification); therefore, based on the feature and the location, despite the

tumor size, we preferred to perform EMR rather than endoscopic submucosal dissection.

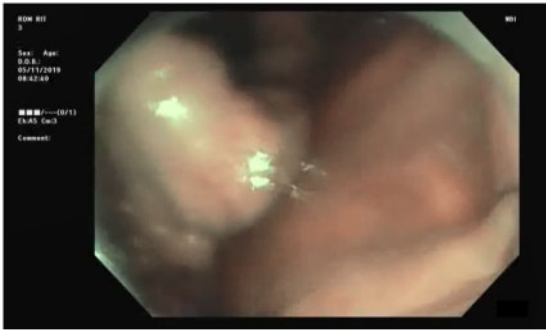
Colonoscopy was performed using a pediatric therapeutic colonoscope (PCF-HQ190-TL, EVIS EXERA III, Olympus corp., Japan) because of the scope having a shorter bending section and increased angulation (up to 210°) that guaranteed a better lesion approach. A disposable transparent hood was attached to the tip of the scope. ORISE Gel (Boston Scientific, MA, USA) was injected using a 23-gauge transparent needle starting from the cecal margin in retroflex position; piecemeal resection was performed using a 15-mm crescent and a 15-mm oval snare; and 20-mL ORISE Gel (two vials, one package) was injected to complete the procedure. A muscular injury (type 2 according to the Sidney classification) was treated with through-the-scope clips (Video 2). The procedure time was 126 minutes. The patient was discharged 4 hours later; she referred to mild self-limiting bleeding. Pathology report showed the presence of a tubular adenoma harboring high-grade dysplasia. Endoscopic follow-up after 6 months showed no endoscopic signs suggestive of recurrence.

This case suggests that a dedicated viscous solution allowed the safe and rapid performance of EMR, even for a giant cecal LST. The balance among the pros and cons of an endoscopic vs surgical approach for that kind of lesion should also take into account the possibility of a procedure carried out in an endoscopic suite in an outpatient setting, with prompt/immediate

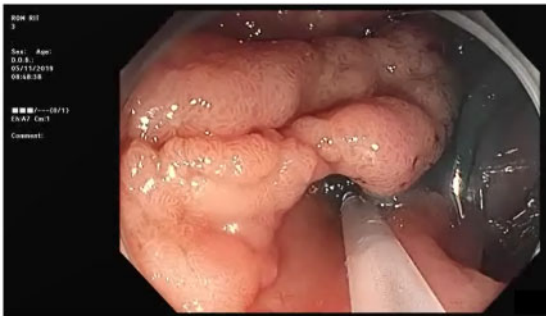
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Video 1. Endoscopic assessment of the giant (8-cm) cecal granular-type laterally spreading tumor. Superficial pattern showed irregular surface (2B according to JNET classification).



Video 2. Endoscopic mucosal resection of a giant cecal laterally spreading tumor with endoscopic follow-up.

recovery and a dramatic reduction in the mean length of stay in hospital. These considerations should be no longer considered as “secondary” outcomes, especially in the COVID-19 pandemic era.

Authors' Contributions

A.L. performed the EMR procedure, wrote the manuscript, and created the video; P.F. collected data and edited the video. All authors revised the manuscript for pivotal intellectual content and approved the final version of the manuscript.

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Patient Informed Consent

We declare that we received patients' written informed consent for the intervention procedure, for anonymous review of data, and for publication.

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None.

Conflict of Interest

None declared.

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