IMAGE OF THE ISSUE

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Endoscopic Full-Thickness Resection of a Flat Elevated Lesion Invading the Appendiceal Stump

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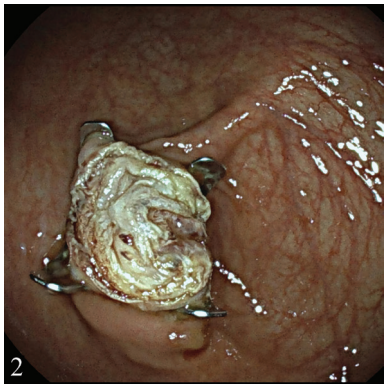

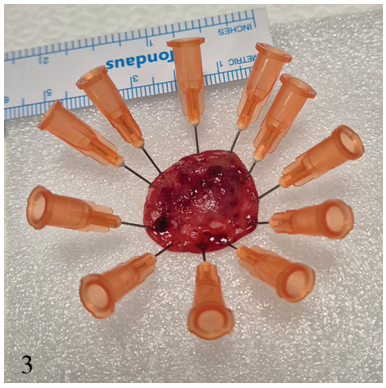

A 60-year-old woman underwent a colonoscopy, as a follow-up to previous polypectomies in the colorectal screening program. Her medical history included prior appendectomy and umbilical hernioplasty. A flat elevated lesion of approximately 12 mm was found at the appendiceal foramen, with a pit pattern indicating a serrated lesion (Fig. 1). An attempt was made to remove the lesion by endoscopic mucosal resection (EMR), but this was unsuccessful due to the lesion extending into the appendiceal stump. An endoscopic full-thickness resection (EFTR) with a dedicated device (FTRD; Ovesco Endoscopy, Tübingen, Germany) was then performed to successfully remove the lesion. A marking probe with soft coagulation current was used to mark the margins of the lesion, a grasper to pull the lesion into the transparent cap, then an over-the-scope clip was deployed and the lesion was resected by tightening a snare connected to the device using EndoCut Q current. Subsequent endoscopic inspection showed the clip correctly placed to suture the parietal defect (Fig. 2). The specimen obtained measured 2.5 x 2.5 x 0.4 mm and included the previously made markers (Fig. 3). The patient was discharged home the day after EFTR. No intra- or post-procedural complications occurred. Histological examination revealed a sessile serrated adenoma with free resection margins.

Endoscopic removal of lesions involving the appendicular foramen is challenging, due to a high risk of perforation or incomplete resection. Consequently, patients are traditionally managed surgically. FTRD allows a single-step, non-exposure full-thickness resection also in difficult anatomical locations, such as in para-diverticular or para-appendicular disease [1]. However EFTR involving the appendiceal foramen is associated with a risk of developing post-procedural appendicitis within one month in up to 17% of cases [2]. Therefore, patients without a prior history of appendectomy should be informed of this potential complication.

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Conflicts of interest: None to declare.

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