

Modified over-the-scope clip with telescope endoscopic full-thickness resection for colonic adenoma involving diverticulum



Juliana Yang, MD, Anthony N. Kalloo, MD, Eduardo Gonzalez-Velez, MD, Saowanee Ngamruengphong, MD

An 82-year-old man who underwent colonoscopy for iron-deficiency anemia was found to have a 15-mm polyp (Paris 0-IIa, type II NICE classification) involving the entire circumferential of the diverticulum in the distal descending

colon. Biopsy specimens from this polyp revealed tubular adenoma with high-grade dysplasia. He was referred for endoscopic resection of this polyp (Video 1, available online at www.VideoGIE.org).



Figure 1. Endoscopic view of colon polyp.



Figure 3. Over-the-scope clip placed over the clear cap of the scope.

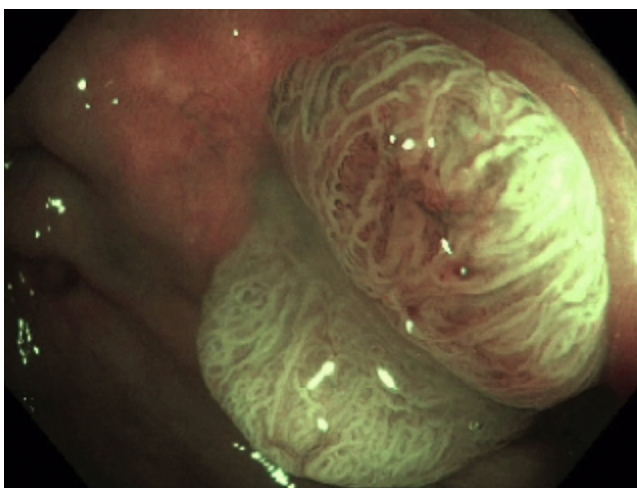


Figure 2. Narrow-band imaging of the polyp.



Figure 4. Polyp after placement of over-the-scope clip.

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

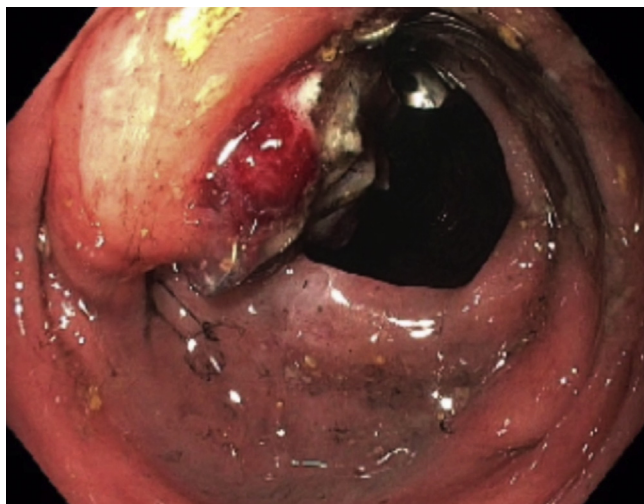


Figure 5. Resection site with over-the-scope clip.



Figure 6. Gross specimen after removal.

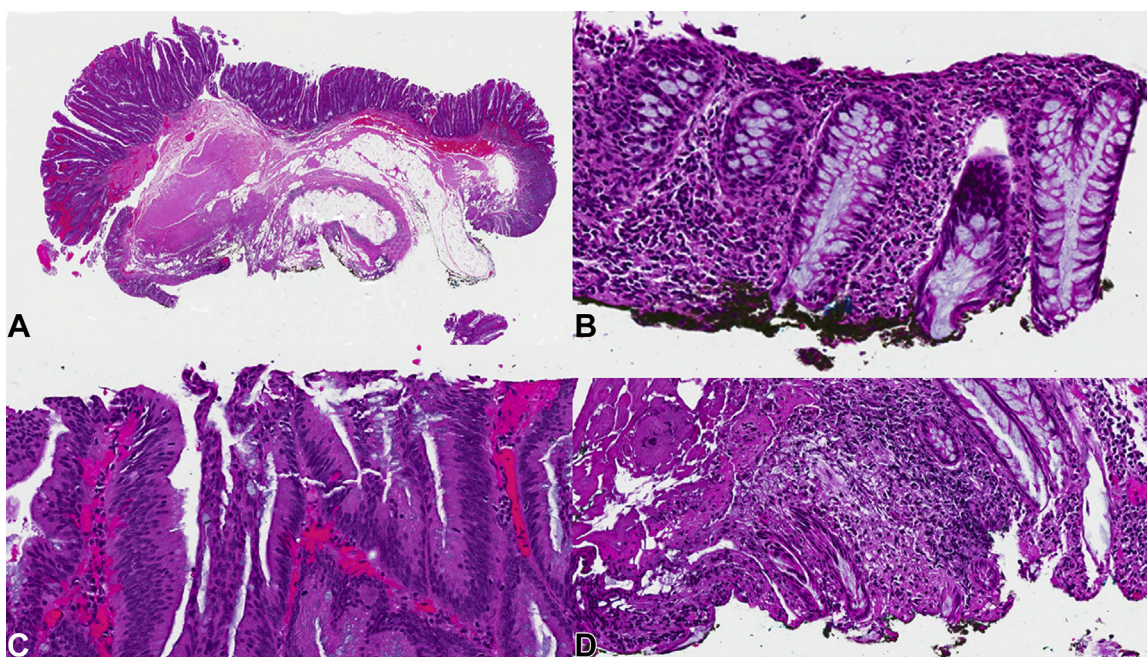


Figure 7. **A**, Complete cross section of the polyp (H&E, orig. mag. $\times 5$). The lateral margins were designated by the boxes. The margins were negative for adenoma. **B** and **C**, Sections of the polyp (H&E, orig. mag. $\times 40$). **D**, Margin of the adenoma with the non-adenomatous mucosa at the margins (H&E, orig. mag. $\times 40$).

Colonoscopy showed a polyp in the area of severe diverticulosis (Figs. 1 and 2). Endoscopic full-thickness resection of the polyp by use of a telescoping cap and a 14-mm-diameter over-the-scope clip (OTSC) was performed (Fig. 3). The margin of the polyp was marked with argon plasma coagulation (APC).

A 14-mm OTSC (14/6t) was mounted over the 4-mm-long distal attachment on the tip of the endoscope. The endoscope was advanced to the polyp. The polyp was grasped with a raptor forceps and was pulled into the

cap. Minimal suction was applied to avoid entrapping adjacent organs.

Once the APC markers were seen within the cap, the OTSC was deployed to capture all APC markers around the polyp above the OTSC (Fig. 4). Full-thickness resection of the tissue above the OTSC was performed with a needle-knife. Muscle and pericolonic fat were seen at the resection site, which suggested that full-thickness resection had been achieved (Fig. 5). Histopathologic analysis revealed tubular adenoma with negative margins and the presence of muscle fibers and pericolonic fat (Figs. 6 and 7).

The patient was discharged home after overnight observation. There was no postprocedural pain, bleeding, fever, or perforation.

DISCLOSURE

Dr Kalloo is a founding member of, and equity holder in, Apollo Endosurgery. All other authors disclosed no financial relationships relevant to this publication.

Abbreviations: APC, argon plasma coagulation; OTSC, over-the-scope clip.

Division of Gastroenterology, Johns Hopkins Hospital, Baltimore, Maryland, USA.

Copyright © 2018 American Society for Gastrointestinal Endoscopy. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

<https://doi.org/10.1016/j.vgie.2018.07.012>
