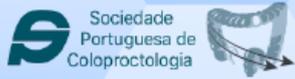


(21185) - ENDOSCOPIC FULL-THICKNESS RESECTION OF ADENOCARCINOMA OF THE COLON

José Damasceno E Costa¹; Carla Rolanda¹; Andreia Guimarães¹; Tânia Carvalho¹; Ângela Rodrigues¹; Olga Duarte Correia¹; Rita Seara Costa¹; Aníbal Ferreira¹; Raquel Gonçalves¹
1 - Hospital de Braga

The majority of colorectal epithelial lesions may be effectively treated with endoscopic mucosal resection (EMR) or endoscopic submucosal dissection (ESD). However, in selected cases, endoscopic full-thickness resection (EFTR) is an alternative technique, allowing complete one-step removal of the lesion and adequate histological characterisation, while securing defect closure with an over-the-scope clip (OTSC). The aim of this report is to present a case of successful full-thickness resection of a malignant lesion in the colon.

A 73-year-old male underwent a screening colonoscopy, during which an 18mm flat lesion with a depressed centre (Paris classification 0-IIa+IIc) was identified in the transverse colon. The tumour revealed areas of disrupted vessels and amorphous surface pattern (NICE type 3 with narrow-band imaging) and poor lifting sign, raising concern for deep invasion. Biopsies of the lesion confirmed adenocarcinoma. Further staging with a CT scan excluded regional or metastatic disease. The patient was submitted to transmural resection with a full-thickness resection device (FTRD), without complications. The retrieved specimen was sent for histology, and completeness of resection is pending confirmation. EFTR expands the former limits of endoscopic resection. In the lower gastrointestinal tract, there are several applications for this technique, such as recurrent or incompletely resected adenomas with non-lifting sign, non-lifting adenomas without previous treatment attempts, adenomas in difficult anatomic sites (e.g. adjacent to a diverticulum or the appendiceal orifice), re-resection of early carcinomas incidentally found in a lesion but without accurate determination of R status and submucosal depth of invasion, and rarely, subepithelial tumours. Wall elasticity is an important factor to ensure completeness of resection, because it influences the amount of tissue that can be aspirated into the cap. Some authors suggest that EFTR might be an excellent alternative to surgery for patients with low-risk lesions and eventually even for high-risk lesions in patients who are unfit for surgery. A review of treatment algorithms may be warranted to adequately include these novel minimally invasive endoscopic techniques.



XXXII

CONGRESSO NACIONAL DE COLOPROCTOLOGIA

23 E 24 DE NOVEMBRO
EUROSTARS OASIS PLAZA
FIGUEIRA DA FOZ

Palavras-chave : Endoscopic full-thickness resection, adenocarcinoma