

Endoscopic submucosal dissection in a patient with idiopathic mesenteric phlebosclerosis

R. Schroder¹, Y. Nakano², T. Toyonaga^{3,4}, H. Abe², R. Ariyoshi², S. Tanaka², T. Takao², Y. Morita², E. Umegaki², Y. Kodama²

(1) Department of Gastroenterology, Gelre Ziekenhuis, Apeldoorn, The Netherlands ; (2) Division of Gastroenterology, Department of Internal Medicine, Graduate School of Medicine, Kobe University, Kobe, Japan ; (3) Department of Endoscopy, Kobe University Hospital, Kobe, Japan ; (4) Department of Endoscopy, Kishiwada Tokushukai Hospital, Kishiwada, Japan.

Case image

An 80-year-old female presented to a previous hospital with chronic watery diarrhea.

Diagnostic colonoscopy showed laterally spreading tumors (LST-NG) in the ascending colon. She was referred to our hospital for endoscopic treatment.

Her medical history included non-Hodgkin lymphoma, which was in complete remission; myocardial infarction ; and hypothyroidism. She had been taking various oral medicines, such as aspirin, a telmisartan-amlodipine combination drug, furosemide, omeprazole, levothyroxine sodium, and pregabalin; however, she had not been taking any herbal medicines. She had no history of smoking or alcohol consumption.

Computed tomography revealed thread-like calcifications in the right and middle colic veins. Colonoscopy performed at our hospital as a pretreatment examination revealed edematous dusky blue mucosae in the ascending and transverse colon, and endoscopic ultrasonography showed calcification in the submucosa and muscle layer. Several suspected adenomas, which exhibited the type IV pit pattern, were observed in the ascending colon, the largest of which was a 30-mm LST (Fig. 1).

What do you think of the diagnosis and what kind of treatment do you offer for the patient?

The patient had a history of idiopathic mesenteric phlebosclerosis (IMP). The endoscopic findings were consistent with IMP.

These suspected adenomas were considered to be indicated for endoscopic submucosal dissection (ESD), although the presence of severe fibrosis was possible. The patient was informed that ESD would be complex and carried an increased risk of perforation and incomplete resection, but she wanted to undergo the procedure.

ESD of the largest lesion was attempted first using the Flush knife (DK2618JN; Fujifilm Medical Co., Ltd., Tokyo, Japan); however, the submucosa around the lesion was extremely fibrotic. Submucosal injections were difficult, and the normal landmarks, such as blood vessels and muscles, were indiscernible (Fig. 2). In consideration of the high risk of perforation and complications, the possibility of incomplete resection, the presence of lesions other than the largest lesion, and the estimated long procedure time, the ESD was terminated. The

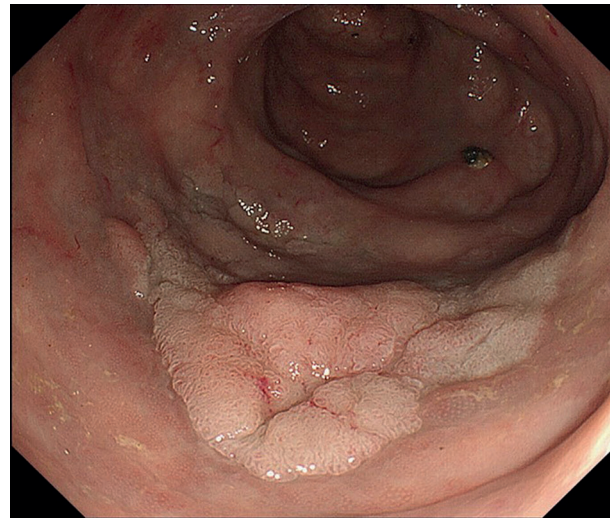


Fig. 1. — A 30-mm non-granular type laterally spreading tumor was detected in the ascending colon on the background of edematous dusky blue mucosae.

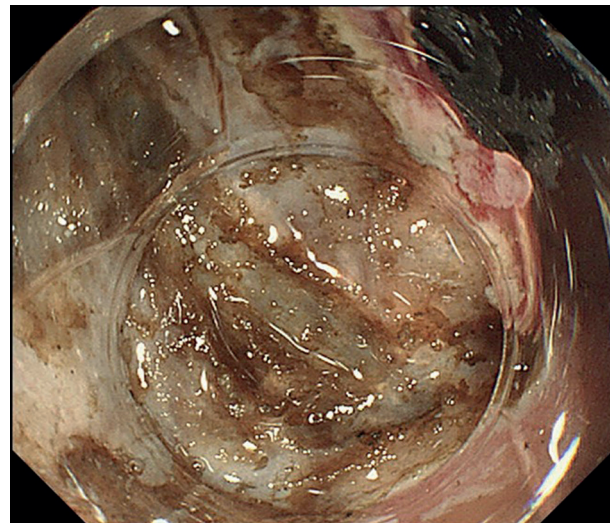


Fig. 2. — Severe fibrosis was seen and blood vessels could not be identified due to the severe fibrosis and decreased blood flow in the submucosa.

Correspondence to : Yoshiko Nakano, MD, PhD, Division of Gastroenterology, Department of Internal Medicine, Graduate School of Medicine, Kobe University, 7-5-1 Kusunoki-cho, Chuo-ku, Kobe, Japan. Fax : +81-78-382-6309
Email: yohara@med.kobe-u.ac.jp

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patient subsequently underwent laparoscopic-assisted right colectomy with a temporary ileostomy without any adverse events. A pathological examination revealed high-grade tubular adenomas, and fibrous thickening of the wall, stenosis, occlusion, and calcification were seen in almost all of the veins in the submucosa and subserosa. The submucosal and muscle layers exhibited severe fibrosis.

Conflicts of interest

Dr. Toyonaga invented the Flush knife in conjunction with FUJIFILM and receives royalties from its sale.

