

Cold snare endoscopic submucosal resection

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To the Editor,

A 76-year-old lady was referred for resection of a large (50 mm) sigmoidal sessile adenoma (Paris classification IIb, JNET2a, Figure A).

After submucosal injection with diluted indigo carmine and adrenaline, the lesion was resected using cold snare piece-meal technique (Captivator 10 mm cold single use snare, Boston). Because of a zone with presumably residual polyp tissue, an additional resection of submucosa was performed (Figure B, arrow). This resection turned out to cut deeper than expected and reached as far as the circular muscles (Figure B, arrowhead). No preventive clips were placed. No complications occurred, there were no immediate or late bleedings.

Since the beginning of endoscopy, polyps were always removed by means of coagulation (1). This habit has since persisted for decades. Thereafter cold snare resection seemed to be an equally efficient but safer technique for removing smaller polyps (2). Meanwhile, there is growing evidence that cold snare piecemeal resection is also a safe alternative to classical endoscopic mucosal resection for larger sessile lesions (3).

This picture suggests that complete submucosal resection by means of cold snare technique could be achievable and deserves additional study as an alternative to the classic endoscopic submucosal dissection.

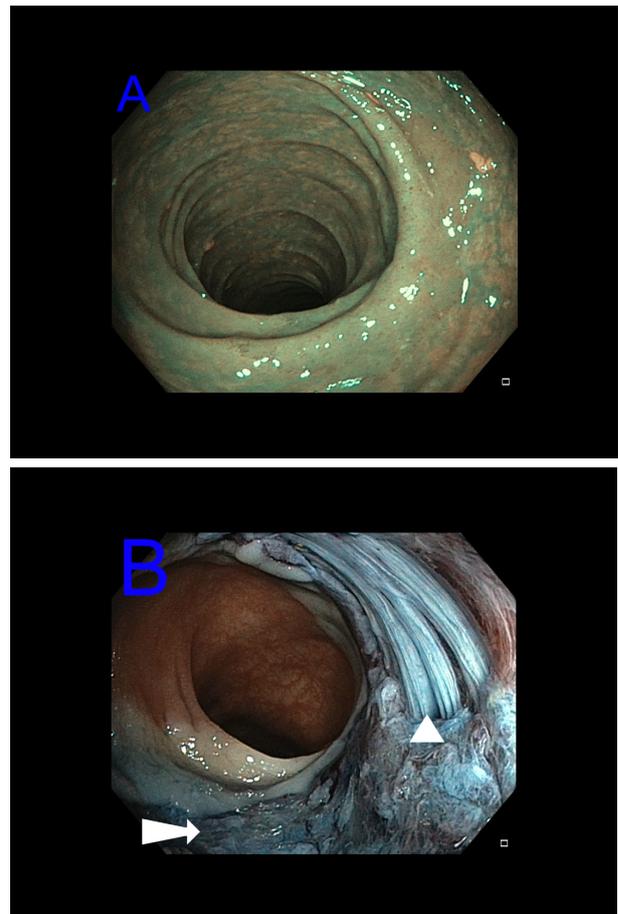
Conflict of interest

Lode Van Overbeke : none.

Geertrui Mertens : none.

References

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