

**IE-007 - ENDOSCOPIC SUBMUCOSAL DISSECTION FOR COALESCENT POLYPOID LESIONS IN THE ANAL TRANSITIONAL ZONE AFTER PROCTOCOLECTOMY IN A PATIENT WITH FAMILIAL ADENOMATOUS POLYPOSIS**

Catarina O'Neill<sup>1</sup>; Pedro Barreiro<sup>1</sup>; Iala Costa<sup>1</sup>; Rui Mendo<sup>1</sup>; Catarina Félix<sup>1</sup>; Teresa Santos<sup>2</sup>; Cristina Chagas<sup>1</sup>

1 - Serviço de Gastrenterologia, Centro Hospitalar Lisboa Ocidental; 2 - Serviço de Cirurgia II, Centro Hospitalar Lisboa Ocidental

**Case report:** A 48-years-old male patient with a history of familial adenomatous polyposis (FAP) underwent a prophylactic restorative proctocolectomy (RPC) and ileal-pouch anal anastomosis (IPAA) 16 years ago. He presented with rectal bleeding and the endoscopy revealed multiple coalescent polypoid lesions (T0-Is+IIa), circumferentially occupying the anal transitional zone and the surgical anastomosis. Biopsy specimens showed a tubulovillous adenoma with low grade dysplasia with focal high grade dysplasia.

In the multidisciplinary team meeting the patient was referred for endoscopic submucosal dissection (ESD). The procedure was performed at the endoscopy unit, under anesthesia, using a gastroscope (Olympus HQ-190) and a FlushKnife BTS (Fujifilm). Severe fibrosis was found at the ileoanal anastomosis and multiple staples beneath the tumor were identified, some of which were removed during the procedure. En bloc circumferential excision of the rectal remaining mucosa was successfully achieved with a specimen measuring 75x60x10mm. Pathology showed a tubulovillous adenoma with low and high grade dysplasia with free tumor margins. No stricture and no change in defecation function were noted at follow-up.

**Discussion:** ESD may remove gastrointestinal neoplasias even associated with severe fibrosis. We report the first case of ESD for a tumor located in the anal transitional zone after RPC and IPAA in a patient with FAP. Although technically difficult, we suggest that circumferential ESD is a safe and effective treatment for complete resection of lesions associated with severe fibrosis as found at the peri-anastomotic site. RPC and IPAA in patients with FAP may leave residual anal transitional zone mucosa that is prone to neoplasia. Annually long-term endoscopic surveillance needs to be emphasized.