



## EP-228 - UNDERWATER ENDOSCOPIC MUCOSAL RESECTION AS A SALVAGE-THERAPY FOR THE TREATMENT OF A CHALLENGING COLORRETAL LESION

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### Case description

A 74-year-old male underwent a follow-up colonoscopy that revealed a 20 mm flat elevated lesion with a central depressed component (Paris IIa+IIc). Initial submucosal injection using saline was performed but grasping of the lesion using a snare was not possible. The patient was referred for endoscopic resection. After careful evaluation of the lesion different endoscopic techniques were discussed. ESD was considered but the position was very unstable in this location. EFTR was also discussed but the lesion morphology and location could make it difficult to completely resect the lesion. After discussion, underwater endoscopic mucosal resection (UEMR) was attempted. The colonic lumen was washed and filled with saline. NBI was used to delineate the borders of the lesion. A monofilament 15 mm snare was used. The lesion was placed in a 6-o-clock position and the "water-jet" technique was used simultaneously to the starting of the closure of the snare in order to help for an easier grasping of the lesion. The lesion was then resected en-bloc using snare diathermy, without adverse events. Inspection of the resection bed revealed no apparent residual lesion. The defect was closed using 3 clips. Histopathology revealed a completely resected intramucosal adenocarcinoma, without signs of invasion and negative lateral margins (pTisNxR0).

### Motivation

The authors describe a case of UEMR for resection of a difficult colorretal lesion. UEMR has previously been described as an effective and safe technique for the resection of colorretal lesions. In this particular case, avoiding submucosal injection allowed and easier grasping of the lesion and a complete en-bloc resection. UEMR should be considered particularly in very flat/depressed lesions in which conventional EMR is expected to be difficult and in lesions in which en-bloc resection is recommended due to suspicion of a more advanced histopathology but ESD is technically challenging or very risky.