

EP-194 - ENDOSCOPIC SUBMUCOSAL DISSECTION IN THE TREATMENT OF A RESIDUAL RECTAL LESION AFTER ENDOSCOPIC AND TRANSANAL EXCISION

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A proportion of neoplastic polyps are incompletely resected, resulting in local recurrence. ESD may be indicated for local residual or recurrent neoplastic lesions after endoscopic resection; however, ESD for such lesions is technically difficult and is typically a lengthy procedure.

We present the case of a 64-year-old man presenting with a residual rectal lesion following multiple endoscopic and surgical resections attempts. Screening colonoscopy performed 6 years before revealed a 30-mm rectal polyp resected by endoscopic mucosal resection (EMR) and pathological analysis revealed high grade dysplasia. On the 12-month surveillance examination, a local residual lesion was noted, and the patient was submitted to a transanal excision. On the following surveillance colonoscopies, residual lesion was persistently noted and EMR were performed each time (a total of 5 attempts). In 2018, a 10-mm flat elevated lesion (T0-IIa) was still visible in a tattooed area located in the lower rectum and involving the pectin line, with severe fibrosis; endoscopic evaluation was compatible with an adenomatous lesion with preserved pit pattern (Kudo IIIIL classification) and ESD was planned. Submucosal injection was performed showing a just slightly elevated lesion (non-lifting sign), followed by submucosal dissection, revealing a very densely fibrotic area and difficult visualization due to prior tattoo. Despite this, complete en bloc resection was achieved and there were no immediate complications. Histological examination confirmed a complete resection (R0) of a tubular adenoma with low grade dysplasia.

This case illustrates the potential role of ESD in managing residual or recurrent lesions following multiple endoscopic and surgical resections attempts. However, it is simultaneous exemplificative of the encountered difficulties when performing ESD in those lesions: the non-lifting sign, severe fibrosis and difficult visualization associated with tattoo. Exemplificative images and video are presented.