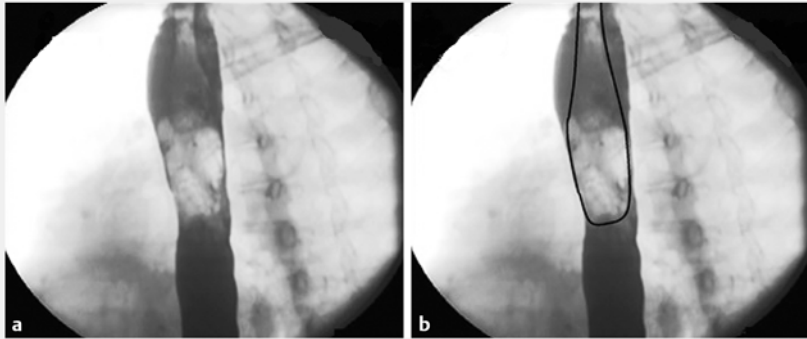


Advanced endoscopic resection using endoscopic submucosal dissection technique to resect a giant, lumen-occluding esophageal polyp



► **Fig. 1** Esophagogram revealed an esophageal polyp, 12 cm in length and occupying 80% of the lumen.



► **Video 1** Endoscopic submucosal dissection of a giant, lumen-occluding esophageal polyp.

Fibrovascular polyps tend to appear as lesions of up to 7 cm in length, and cause symptoms that range from dysphagia to episodes of asphyxiation due to prolapse into the respiratory tract [1,2]. Traditionally, surgical treatment is performed because there is a risk of hemorrhaging during endoscopic resection [3].

A 48-year-old woman with dysphagia and progressive retrosternal pain for 6 months underwent an upper endoscopy, which showed an esophageal polyp of

12 cm in length occupying 80% of the lumen (► **Fig. 1**). The histology confirmed a fibrovascular polyp.

We carried out another upper endoscopy under sedation. First, we identified the pedicle. Clips were placed, and the submucosal dissection was initiated sequentially with a needle-knife, being careful to identify all of the feeder vessels. Selective hemostasis was performed with coagulation forceps (Coagrasper; Olympus, Tokyo, Japan) in endocut mode. After



► **Fig. 2** Peroral extraction of the resected polyp.

careful dissection of all tissue, the polyp was completely removed in one piece (► **Video 1**). Peroral extraction was carried out using a net (► **Fig. 2**). The pathology report confirmed a fibrovascular polyp.

The postoperative course occurred without any incidents, and endoscopic follow-up 2 months later showed a scar with no signs of recurrence.

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Competing interests

None

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