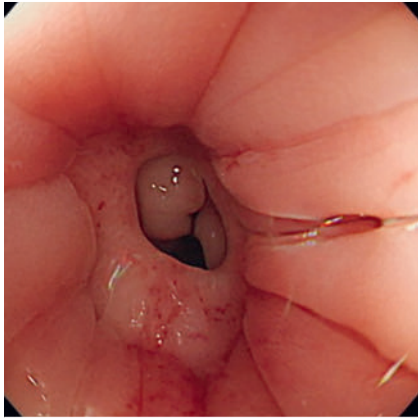


Snare-tipped endoscopic radical incision and cutting for postoperative colorectal anastomotic stricture

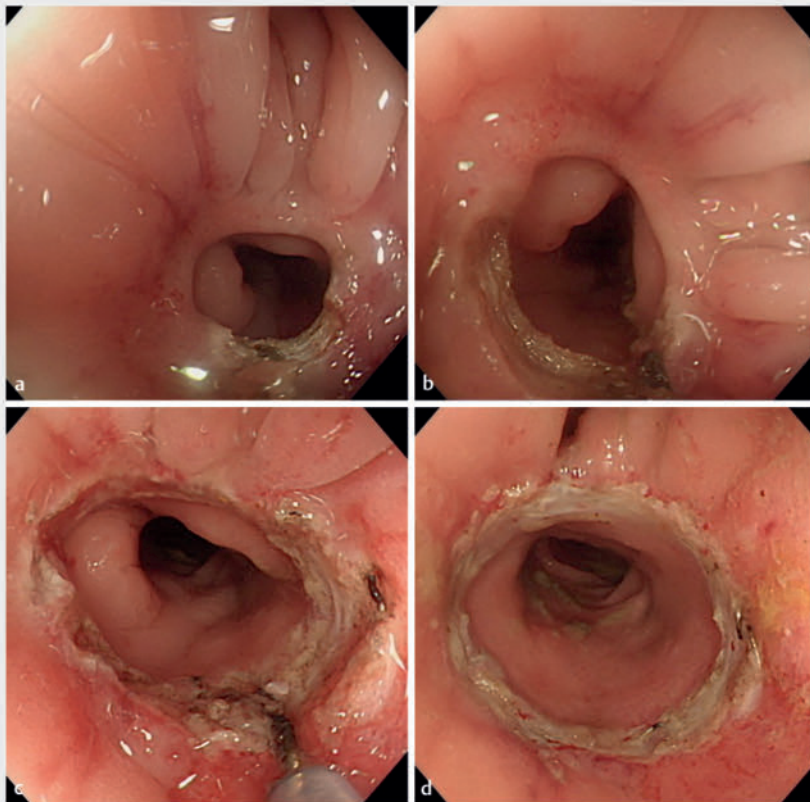


► **Fig. 1** Endoscopic image showing circular scar formation that has resulted in luminal stricture at the anastomotic site.

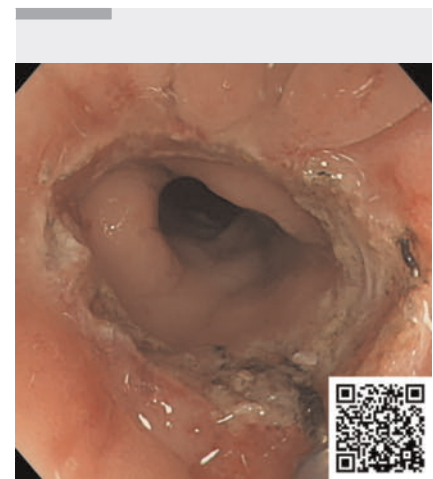
Postoperative colorectal anastomotic strictures are not uncommon and often require endoscopic or surgical intervention [1]. Initial treatment typically involves endoscopic balloon dilation, which may need to be repeated for long-term efficacy [2,3]. Endoscopic radical incision and cutting has emerged as a novel technique for the treatment of refractory strictures. This technique enables the direct removal of fibrotic scar tissue, reducing the risk of restenosis [2,4,5]. Herein, we introduce a safe and cost-effective method of performing radical incision and cutting using a snare tip to treat benign anastomotic strictures.

A 59-year-old man underwent anterior resection and loop colostomy for sigmoid colon diverticulitis with perforation. A follow-up colonoscopy within 3 months revealed the formation of circular scars and stricturing at the anastomotic site (► **Fig. 1**). The standard colonoscope (distal end/outer diameter 12.2/13.7 mm; CF-Q260AI; Olympus, Japan) could not be passed through the stricture. The patient was referred to us for endoscopic management before the closure of the temporary colostomy.

Instead of endoscopic balloon dilation, we employed an innovative technique called snare-tipped endoscopic radical incision and cutting (STERIC) to address the postoperative anastomotic stricture. We used the tip of the snare (25-mm Snare Master; SD-210U-25; Olympus), sticking out by 2 mm in length, to perform the radical incision and cutting. The snare tip was placed at the edge of the stricture ring at the 6-o'clock position and then used to make a circumferential incision with the assistance of the elec-



► **Fig. 2** Endoscopic images showing progressive radical incision and cutting along the circular scar in a circumferential manner using a snare tip.



► **Video 1** Snare-tipped endoscopic radical incision and cutting (STERIC) is performed for a postoperative colorectal anastomotic stricture.

tro-surgical unit (VIO 3; Erbe) in Endocut Q mode (effect 2, duration 2, interval 4), employing a step-by-step excision along the arc of the lumen (► **Fig. 2**; ► **Video 1**). Following complete removal of the circular scar, it was possible to pass the standard colonoscope freely through the anastomotic site, achieving clinical success in only one session. The patient subsequently underwent loop transverse colostomy closure, with no signs of restenosis during follow-up.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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