

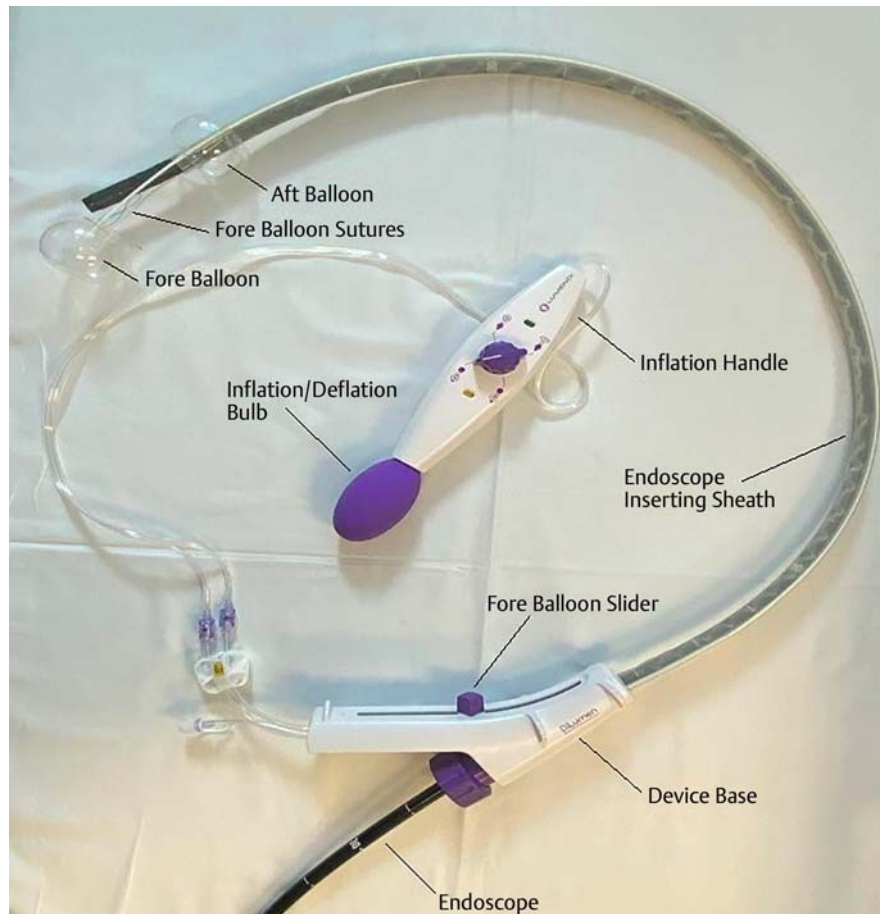
## The use of an overtube device to assist in advanced therapeutic procedures in patients with a colostomy



Endoscopic therapeutic procedures in patients with a colostomy can be challenging owing to the altered anatomy of the bowel and access difficulties. We report two cases of successful therapeutic colonoscopies in patients with a colostomy using DiLumen (Lumendi, Westport, Connecticut, United States) (► **Fig. 1**), which is a new double-balloon device designed to stabilize the endoscopic position and enhance access to the lesion site [1].

The first case involved a 73-year-old man with a colostomy resulting from previous colorectal cancer. He underwent a surveillance colonoscopy that revealed a recurrent 20-mm flat elevated polyp in the ascending colon, located on scar tissue from a previous polypectomy. The polyp was best visualized in a retroflexion position. DiLumen was employed by inflating the balloon between the colostomy and the polyp, ensuring a stable position and preventing air leakage during the polypectomy. The polyp was successfully resected using piecemeal endoscopic mucosal resection (EMR), and an EndoRotor (Interscope, Providence, Rhode Island, USA) was applied to remove small areas of residual polyp. Post-resection, PuraStat (3-D Matrix, Tokyo, Japan) and two clips were utilized to prevent complications. Histology results confirmed high grade dysplasia. The patient is due for a repeat colonoscopy in 3 months.

The second case is of a 53-year-old woman with a colostomy and a previous colonoscopy in which it was not possible to perform polypectomy because of poor bowel distension and air leakage through the colostomy. DiLumen was used to establish stable access and bowel distension by inflating the balloon between the colostomy and the polyp and preventing air leakage. A lifting solution was used in



► **Fig. 1** DiLumen device.

the submucosal area, followed by hybrid EMR with a circumferential incision with the tip of the snare. The polyp was successfully removed with the en bloc technique, and five clips were applied to suture the polypectomy site. Histology confirmed complete resection of the high grade dysplasia polyp.

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### Competing interests

Dr Adolfo Parra-Blanco is a consultant for Lumendi company and is an advisory member for Lumendi, received speaker honorarium from Interscope and from 3D Matrix. No competing interest for the other two authors.



**Video 1** Using DiLumen to assist in advanced therapeutic procedures in patients with a colostomy.

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This section has its own submission website at <https://mc.manuscriptcentral.com/e-videos>

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