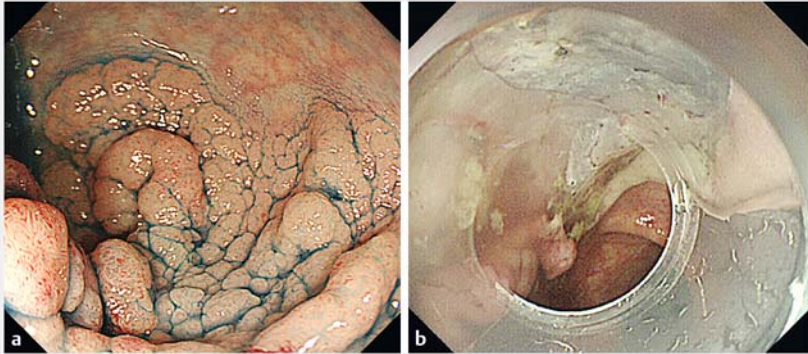


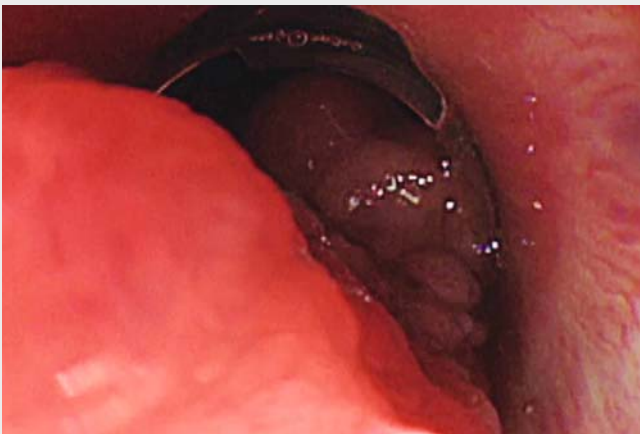
## Retrieval of a large resected specimen using a large-caliber cap after colorectal endoscopic submucosal dissection



► **Fig. 1** Large tumor located in the rectosigmoid colon. **a** Overview of the tumor. **b** The cap is a large-caliber device; however, it can be inserted easily through the anal canal because the cap is transparent, oblique, and soft.



► **Fig. 2** Large-caliber (outer diameter 18 mm) oblique soft cap (D-206; Olympus, Tokyo, Japan) was placed on the tip of the endoscope.



► **Video 1** Retrieval of a large resected specimen using a large-caliber cap after colorectal endoscopic submucosal dissection.

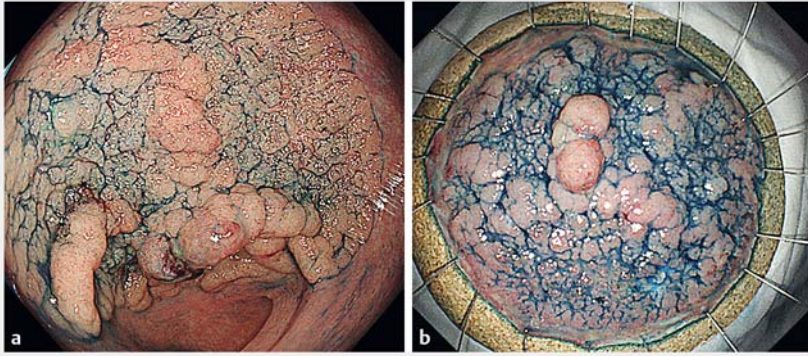
Endoscopic submucosal dissection (ESD) has emerged as a feasible treatment option for colorectal tumors [1]. However, large colorectal specimens obtained via ESD that are difficult to retrieve from the anal canal are often encountered. We have experienced a few cases of specimen fragmentation during retrieval. Precise histological evaluation requires an intact specimen and fragmentation should be avoided. Several recent re-

ports have described useful techniques for the retrieval of intact resected specimens [2–4]; however, these reported methods are relatively complex. We describe a more convenient and easy way of retrieving resected specimens using a large-caliber cap. The first case involves a 73-year-old man who underwent ESD for a large laterally spreading tumor (LST) located in the rectosigmoid colon (► **Fig. 1 a**). We removed

the tumor via en bloc resection using a DualKnife (Olympus, Tokyo, Japan) and a short-type small-caliber-tip transparent cap (Fujifilm, Tokyo, Japan). Because the resected specimen measured over 10 cm, its retrieval from the anal canal was very difficult. Therefore, a large-caliber (outer diameter 18 mm) oblique soft cap (D-206; Olympus) for cap-assisted endoscopic mucosal resection [5] was placed on the tip of the endoscope (► **Fig. 2**). We suctioned the resected specimen into the cap and retrieved it easily from the anal canal (► **Fig. 1 b**, ► **Video 1**). Because the cap could pass through the anal canal while protecting the resected specimen, the resected specimen did not fragment. Precise histological evaluation revealed negative margins.

The second case involved a 68-year-old man who underwent ESD for a large LST located in the upper rectum (► **Fig. 3 a**). The tumor was removed via en bloc resection, and was easily retrieved using the same method as that described above (► **Fig. 3 b**, ► **Video 1**). Since 2014, we have used this method to successfully retrieve specimens measuring over 50 mm without fragmentation, regardless of tumor shape.

Endoscopy\_UCTN\_Code\_TTT\_1AQ\_2AD



► **Fig. 3** Large tumor located in the upper rectum. **a** Overview of the tumor. **b** Resected specimen. Histological evaluation revealed that the cut margins were negative for intramucosal cancer.

### Competing interests

None

### The authors

**Yuichiro Kuroki, Kunio Asonuma, Natsumi Uehara, Toshiyuki Endo, Reika Suzuki, Yorimasa Yamamoto, Masatsugu Nagahama**  
Department of Gastroenterology, Showa University Fujigaoka Hospital, Kanagawa, Japan

### Corresponding author

**Yuichiro Kuroki, MD**  
Department of Gastroenterology, Showa University Fujigaoka Hospital, 1-30 Fujigaoka, Aoba-ku, Yokohama 227-8501, Japan  
Fax: +81-45-9713824  
yu-kuroki@med.showa-u.ac.jp

### References

- [1] Saito Y, Yamada M, So E et al. Colorectal endoscopic submucosal dissection: technical advantages compared to endoscopic mucosal resection and minimally invasive surgery. *Dig Endosc* 2014; 26: 52–61
- [2] Ikehara H, Saito Y, Uraoka T et al. Specimen retrieval method using a sliding overtube for large colorectal neoplasm following endoscopic submucosal dissection. *Endoscopy* 2015; 47: E168–E169
- [3] Nemoto D, Hayashi Y, Utano K et al. A novel retrieval technique for large colorectal tumors resected by endoscopic submucosal dissection: tumor extraction by defecation. *Endosc Int Open* 2016; 4: E93–E95
- [4] Tanaka S, Toyonaga T, East J et al. Endoscopic retrieval method using a small grip-seal plastic bag for large colorectal resection specimens after endoscopic submucosal dissection. *Endoscopy* 2010; 42: E186–E187
- [5] Inoue H, Endo M, Takeshita K et al. A new simplified technique of endoscopic esophageal mucosal resection using a cap-fitted panendoscope (EMRC). *Surg Endosc* 1992; 6: 264–265

### Bibliography

DOI <https://doi.org/10.1055/a-0915-1785>  
Published online: 23.5.2019  
Endoscopy 2019; 51: E299–E300  
© Georg Thieme Verlag KG  
Stuttgart · New York  
ISSN 0013-726X

**ENDOSCOPY E-VIDEOS**  
<https://eref.thieme.de/e-videos>



*Endoscopy E-Videos* is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

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