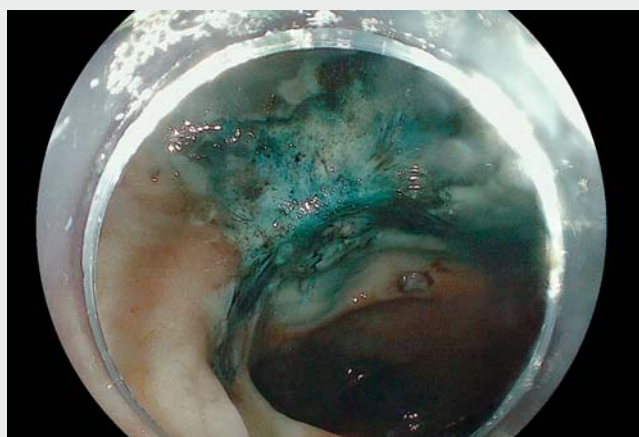


Cold snare and ablation technique for endoscopic mucosal resection of incompletely resected large laterally spreading tumors

OPEN
ACCESS

Previously attempted and partially resected laterally spreading tumors (PA-LSTs) present a particular challenge for subsequent endoscopic mucosal resection (EMR) owing to the presence of submucosal fibrosis. Techniques such as hot avulsion, or cold avulsion with adjuvant snare tip soft coagulation have been described previously, with local recurrence rates of 15% [1,2]. Hot EMR is challenging for PA-LSTs given that lesions are often nonlifting, which, combined with the nonrigid soft snare, makes capturing the mucosa difficult, hampering resection of these lesions [3]. The combination of cold EMR with ablation might prove to be a good combination. The rigidity of the cold snare offers the capacity to push firmly against mucosa, allowing for improved engagement of the snare in the submucosal plane and this can be combined with enhanced submucosal injection and ablation using hybrid argon plasma coagulation (hAPC) in the COLD Snare with Ablation (COSA) technique [4]. We present a case of COSA for a 25-mm nonlifting PA-LST (► **Video 1**). Initial submucosal lifting was performed using needle injection and dynamic lifting, which achieved only partial lift. The lesion was subsequently resected piecemeal using a cold snare. The cold snare was pushed firmly against the mucosa to allow dissection of the submucosal plane. Additional submucosal injection was performed using the hybrid component of the hAPC probe (ERBE Elektromedizin GmbH, Tübingen, Germany) to expand the submucosal space of the defect and allow for a safety cushion, preventing damage to the muscular layer prior to thermal margin and base ablation (► **Fig. 1**). Additional prophylactic ablation of the EMR base was performed to prevent recurrence originating from the base (► **Fig. 2**). Partic-



► **Video 1** Cold snare resection of a 25-mm colorectal tubular adenoma with prophylactic thermal ablation of the resection margin and base.



► **Fig. 1** Cold snare resection of the previously attempted lesion.



► **Fig. 2** Hybrid argon plasma coagulation-assisted thermal ablation of the resection base.

ular attention was paid to ablating the central nonlifting portion of the lesion using hAPC. The margins of the defect were then ablated using the same hAPC probe to create a ring of ablated mucosa surrounding the resection site (► **Fig. 2**).

Endoscopy_UCTN_Code_TTT_1AQ_2AD

Competing interests

D. von Renteln is supported by a "Fonds de Recherche du Québec Santé" career development award. He has also received research funding from ERBE Elektromedizin GmbH, Ventage, Pendopharm, Fujifilm, and Pentax, and has received consultant or speaker fees from Boston Scientific Inc., ERBE Elektromedizin GmbH, and Pendopharm. R. Djimbachian, M. Taghiakbrari, and M.E.M. El Yamani declare that they have no conflict of interest.

The authors

Roupen Djimbachian^{1,2}, Mahsa Taghiakbari^{1,2}, Mohammed El Mehdi El Yamani³, Daniel von Renteln^{1,2}

- 1 Division of Gastroenterology, Montreal University Hospital Center (CHUM), Montreal, Canada
- 2 Montreal University Hospital Research Center (CRCHUM), Montreal, Canada
- 3 Division of Internal Medicine, Montreal University Hospital Center (CHUM), Montreal, Canada

Corresponding author

Daniel von Renteln, MD

Department of Medicine, Division of Gastroenterology, Montreal University Hospital Center (CHUM) and Montreal University Hospital Research Center (CRCHUM), 900 rue St-Denis, Montreal, Quebec H2X 0A9, Canada
danielrenteln@gmail.com

References

- [1] Tate DJ, Bahin FF, Desomer L et al. Cold-forceps avulsion with adjuvant snare-tip soft coagulation (CAST) is an effective and safe strategy for the management of non-lifting large laterally spreading colonic lesions. *Endoscopy* 2018; 50: 52–62

- [2] Veerappan SG, Ormonde D, Yusoff IF et al. Hot avulsion: a modification of an existing technique for management of nonlifting areas of a polyp (with video). *Gastrointest Endosc* 2014; 80: 884–888
- [3] Shahidi N, Vosko S, Gupta S et al. Previously attempted large nonpedunculated colorectal polyps are effectively managed by endoscopic mucosal resection. *Am J Gastroenterol* 2021; 116: 958–966
- [4] Motchum L, Levenick JM, Djimbachian R et al. EMR combined with hybrid argon plasma coagulation to prevent recurrence of large nonpedunculated colorectal polyps (with videos). *Gastrointest Endosc* 2022; 96: 840–848

Bibliography

Endoscopy 2023; 55: E860–E861

DOI 10.1055/a-2106-2061

ISSN 0013-726X

© 2023. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited.

(<https://creativecommons.org/licenses/by/4.0/>)

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany



ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



E-Videos is an open access online section of the journal *Endoscopy*, reporting on interesting cases

and new techniques in gastroenterological endoscopy. All papers include a high-quality video and are published with a Creative Commons CC-BY license. *Endoscopy E-Videos* qualify for HINARI discounts and waivers and eligibility is automatically checked during the submission process. We grant 100% waivers to articles whose corresponding authors are based in Group A countries and 50% waivers to those who are based in Group B countries as classified by Research4Life (see: <https://www.research4life.org/access/eligibility/>).

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