

## Endoscopic Mucosal Resection for a Large Polyp Removal



CASE PRESENTED BY:  
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### PATIENT HISTORY

A 55-year-old male with a prior history of colon polyps underwent a recent colonoscopy, which revealed a 2.5cm flat polyp (**Figure 1**). Biopsies showed a tubulovillous adenoma. Surgery was recommended but the patient sought a second opinion in regard to endoscopic mucosal resection.

### PROCEDURE

The patient underwent a repeat colonoscopy with the intent to perform an endoscopic mucosal resection (EMR). As previously noted, the polyp was flat and large. Normal saline was prepared with a few drops of methylene blue added to achieve a light-aqua blue color. Using 20cc of this solution, the polyp was lifted (**Figure 2**). Following this, a 33mm Captivator™ II Snare was used to grasp the polyp in one piece (**Figure 3**). Using standard electrocautery settings, the polyp was resected in one piece (**Figures 4 and 5**). Argon plasma coagulation was then used to cauterize the edges of the polyp so that the chances for regrowth would be diminished (**Figure 6**). Four Resolution™ Clips were applied to the resulting mucosal defect, which was approximately 2cm in size (**Figure 7**). Finally, the polyp was recovered using the TWISTER® PLUS Rotatable Retrieval Device (**Figure 8**).

### OUTCOME AND POST-PROCEDURE

Following the procedure, the patient did well with no post-polypectomy bleeding or signs of perforation. He was discharged the same day, and a relook endoscopy was done three months later, which showed healing of the polyp site.

### CONCLUSION

**Endoscopic mucosal resection is fast becoming the treatment of choice for large polyp resection, and is a good and less expensive alternative to surgery. Because the risk of bleeding was high, I decided to place Resolution Clips. The Resolution Clip is ideal for this scenario due to its 11mm jaw opening and the fact that it can open and close prior to being deployed.**

