IMAGE OF THE ISSUE

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Endoscopic Resection of a Laterally Spreading Tumor located in the Ileal Pouch after Prophylactic Total Proctocolectomy for Familial Adenomatous Polyposis

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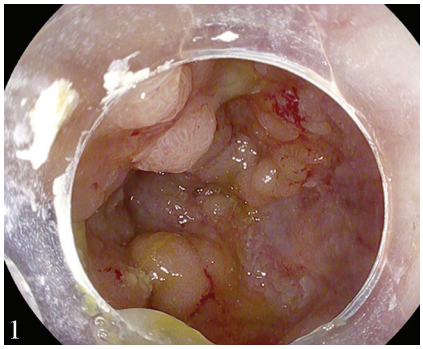

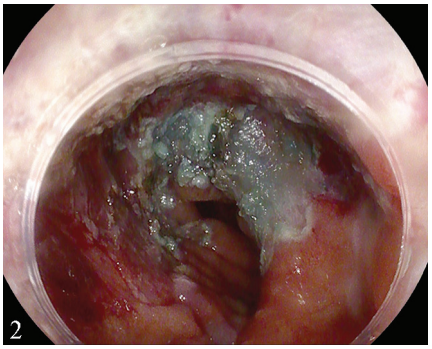

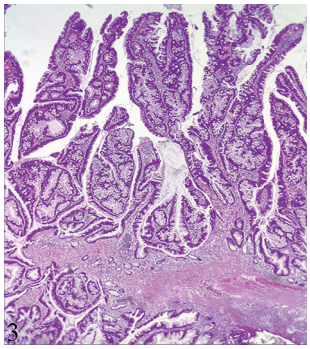

A 57-year-old female patient presented for recent onset of difficult stool passage. The patient had a prophylactic total proctocolectomy with ileal pouch anal anastomosis (IPAA) for familial adenomatous polyposis (FAP) 32 years ago.

Colonoscopy revealed a granular nodular mixed laterally spreading tumor (LST) within the ileal pouch, located proximal to anal transition zone (Fig. 1). The afferent and efferent limbs were not affected. The i-SCAN surface examination of the lesion showed regular tubular and branched structures surrounded by relatively regular capillary network (NICE 2).

A combination of hot and cold piecemeal endoscopic mucosal resection (pEMR) was performed. An upper gastroscope was used for the examination and endoscopic treatment (EG34-i10, Pentax, Japan). Normal saline with methylene blue and diluted adrenaline (1/100000) was used as lifting solution. For macronodular areas hot snare pEMR was performed. The remaining flatter areas were approached by the cold snare pEMR technique. Hemostasis of the visible vessels and circumferential coagulation of the resection margins was done using a hemostatic forceps. No perforation or significant bleeding complications occurred (Fig. 2).

Histopathological examination identified adenomatous epithelial proliferation exhibiting a mixed tubulovillous and diffuse serrated pattern. The epithelium displayed frequent basal dilatations, with focal high-grade dysplasia. No deep invasive features were described. These features were consistent with a serrated sessile lesion with focal high-grade dysplasia (Fig. 3).

Ileal pouch neoplastic lesion can develop after proctocolectomy with IPAA in FAP patients [1]. The risk of pouch adenoma can be up to 75% after 15 years from proctocolectomy [2]. Therefore, regular colonoscopic surveillance every 1-2 years is recommended [3-5]. Various polyp removal techniques (cold polypectomy, EMR, pEMR) for ileal pouch adenoma were described as being effective with minimal complications [1]. However, intensive surveillance remains a crucial strategy, allowing early detection of neoplastic lesions.

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Conflicts of interest: None to declare.

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