Laparoscopically-Assisted Enteroscopy With "Shar Pei" Technique For Resection Of Deep Small Bowel Polyps

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INTRODUCTION

- **Balloon enteroscopy (BE)** has transformed the management of small bowel disease
- However, BE still has limits in terms of reaching deeper parts of the small bowel. **Laparoscopic-assisted enteroscopy (LAE)** has emerged as an **effective procedure** for **small bowel polyps**
- We present 2 cases of LAE using a **novel Shar Pei technique**

CASE DESCRIPTION

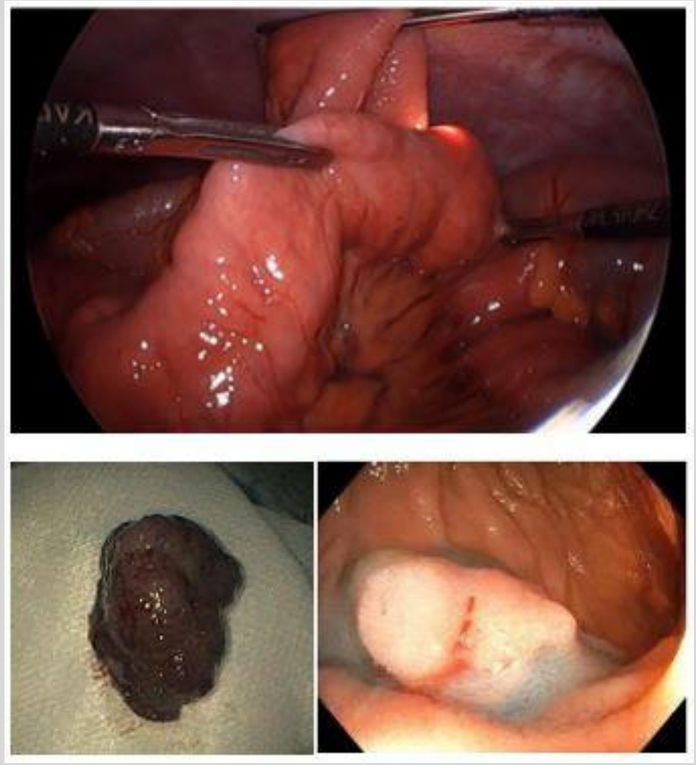
➔ **Case 1:**

- A 71-year-old female who underwent **bidirectional endoscopy** and **video capsule endoscopy** (VCE) for work-up of **iron deficiency anemia**
- **VCE** revealed a **non-obstructing polypoid lesion** with minimal oozing in the **proximal small bowel** at **15%** small bowel transit time (SBTT)
- **Anterograde BE** revealed a **flat, 10-mm polyp** in the **proximal jejunum**
- Due to unstable positioning, the polyp was **removed incompletely** via **piecemeal cold snare polypectomy**
- She subsequently underwent **LAE with Shar Pei technique** to **pleat the small bowel over the enteroscope** until the polyp was reached
- The polyp was removed **en bloc via endoscopic mucosal resection (EMR)**

➔ **Case 2:**

- A 23-year-old female with **Peutz-Jeghers syndrome** was found to have **2 polypoid lesions** in the **small bowel** on surveillance imaging
- VCE revealed 2 polyps at 32% and 82% SBTT, respectively
- The polyps were **not reachable** via **anterograde** and **retrograde BE**
- A **LAE** was performed and the **small bowel was pleated** using the **Shar Pei technique** until a **50 mm semi-pedunculated polyp** was visualized by the endoscope 320 cm from the Ligament of Treitz
- The polyp was **removed en bloc via EMR**
- Next, a **colonoscope** was advanced to the **terminal ileum** which was **pleated laparoscopically** until **three polyps** were **seen 25 cm past the ileocecal valve** that were **removed** with **en bloc EMR**

A



B

DISCUSSION

- LAE is an **effective, minimally invasive** technique for the management of **deep small bowel pathology**
- LAE **preserves the mucosal integrity** eliminating the need for anastomoses
- LAE has a **high detection rate** for small intestinal disease and is **generally safe**
- **No immediate complications** were noted in our cases
- Our novel **Shar Pei technique** was named after the **dog breed** whose **characteristic wrinkled skin** resembles the **folds of the small bowel**
- The technique entailed **laparoscopically advancing the small bowel over the endoscope** while it remained **stationary**
- The **proximal end** of the small bowel was **stabilized during polyp resection** to secure the endoscope and prevent telescoping backwards

CONCLUSION

- **LAE with the Shar Pei technique is a novel, promising tool for the diagnosis and treatment of small bowel polyps.**

FIGURE LEGEND

- **Panel A:** (Top) Laparoscopic-assisted enteroscopy with Shar Pei technique was utilized to telescope the small bowel over the endoscope until the 50-mm polyp was successfully reached at 320 cm from the Ligament of Treitz and resected with EMR (bottom left). This technique was also used to resect a 10-mm jejunal polyp with en bloc EMR (bottom right).
- **Figure B:** Our novel Shar Pei technique was named after the dog breed whose characteristic wrinkled skin resembles the folds of the small bowel

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