

# Endoscopic Mucosal Resection of Polyp Inside Diverticulum Using Standard Lift

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## INTRODUCTION

- Polyps arising within or adjacent to a diverticulum are an uncommon occurrence and pose a unique challenge for removal through endoscopic techniques.
- Removal can be risky due to the diverticula lacking mucosa and higher risk of complications including perforation.
- We removed an ascending colon sessile polyp near a diverticulum with endoscopic mucosal resection (EMR).

## CASE DESCRIPTION

- 59-year-old male with history of three prior colonic adenomas presented for follow-up surveillance colonoscopy
- In the proximal ascending colon, a 20 mm sessile polyp was found extending into a large diverticulum.
- The polyp was not resected because of the location near the diverticulum and the area was tattooed.
- A colonoscopy was performed three months later by an expert endoscopist.
- Around 34 mL of Orise gel was initially injected into the polyp with adequate lifting. The polyp was then lifted out of the diverticulum and retracted.
- Cap and snare mucosal resection were performed with successful removal of the polyp.
- Residual tissue was removed by inverting the diverticulum into the cap and snaring the tissue and any potential residual tissue was ablated with hot biopsy forceps using soft coagulation.
- The mucosal defect was closed with four hemostatic clips across the diverticulum. Pathology returned with a tubular adenoma.
- A surveillance colonoscopy was performed 6 months later without evidence of recurrence.

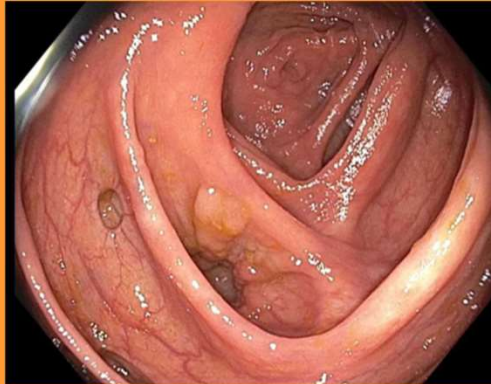
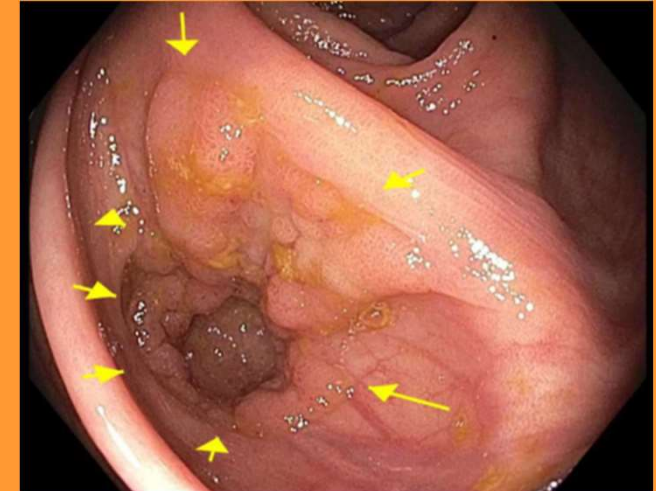


Figure 1-2 - Initial Colonoscopy with 20 mm sessile polyp within a diverticulum in proximal ascending colon



## DISCUSSION

- Various techniques have been used on to remove colonic polyps within a diverticulum including standard or underwater EMR, and endoscopic band ligation.
- Few cases have been written describing standard EMR techniques for these high risk lesions.
- injecting submucosally at the edge between the polyp and the diverticulum creates a cushion of fluid between them which allows adequate separation between the two and enables better polyp delineation.
- Standard EMR requires less time and prep vs. underwater EMR.

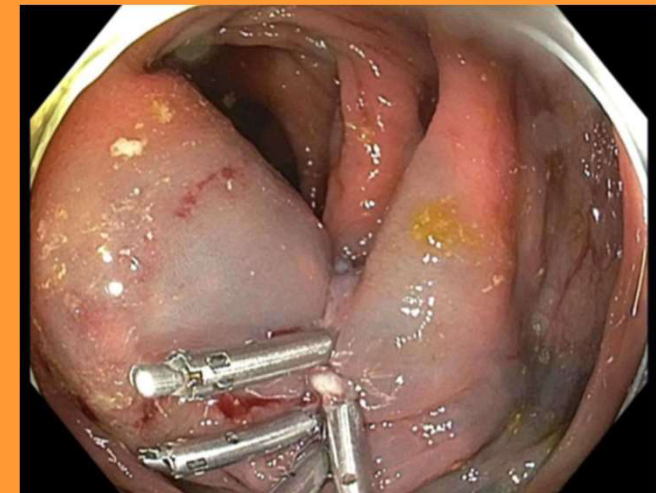


Figure 3 – Ascending colon diverticulum defect closed with four clips