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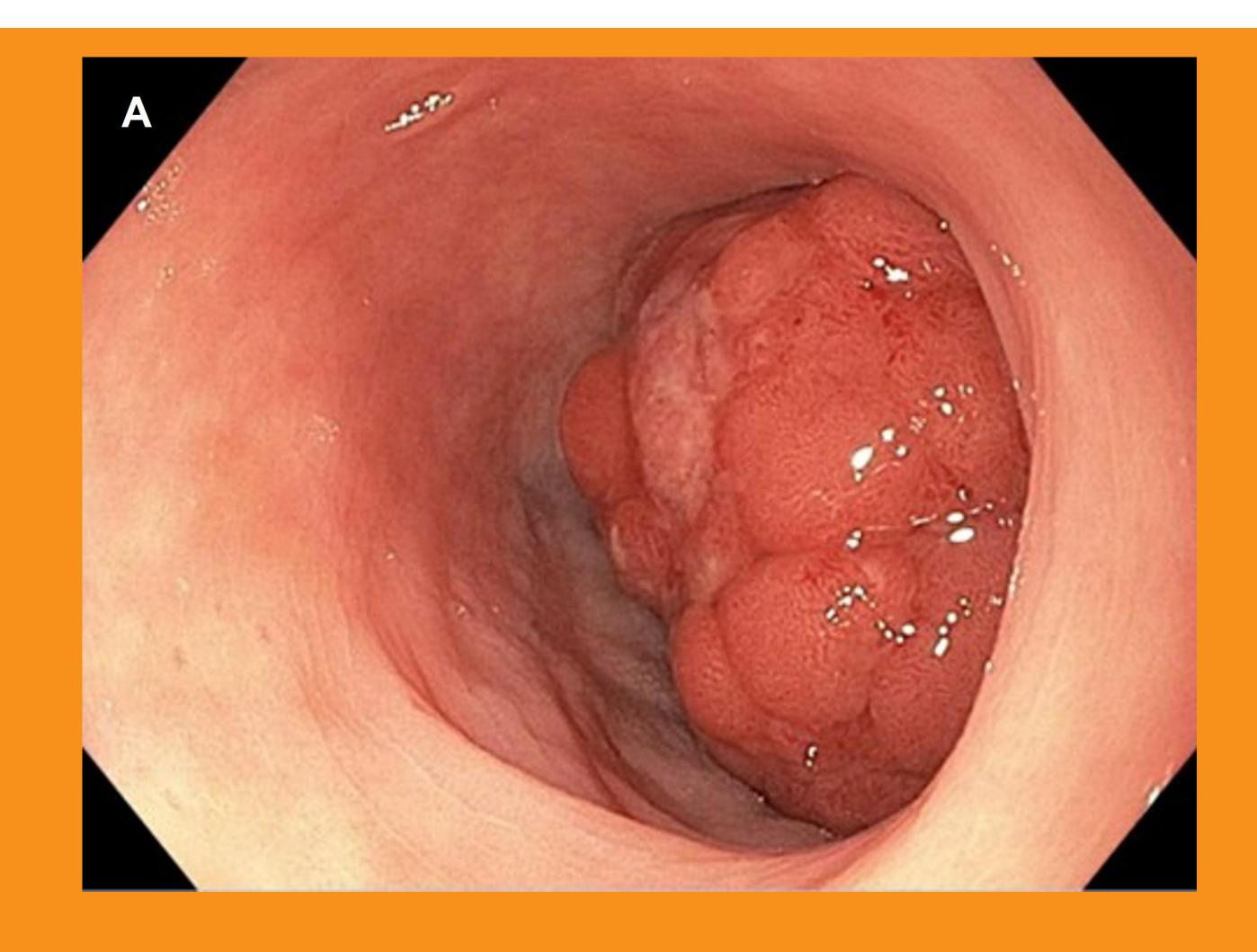
Muscle-Retracting Sign During Colorectal Endoscopic Submucosal Dissection

Abel Joseph ⁽¹⁾, David Liska ^(3,4), Amit Bhatt ^(2,4)

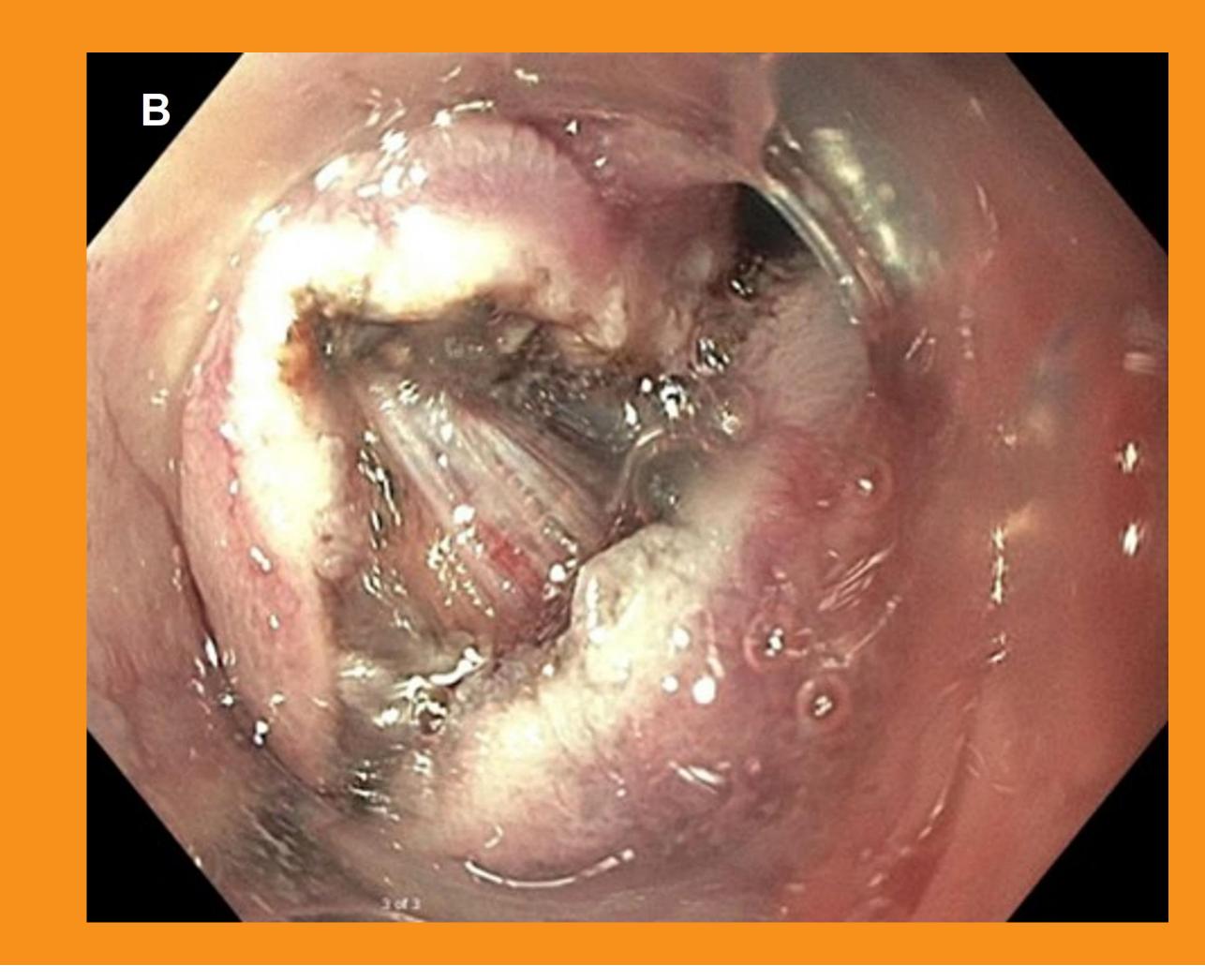
(1) Department of Internal Medicine, (2) Gastroenterology, Hepatology and Nutrition, (3) Colorectal Surgery, (4) Sanford R. Weiss MD Center for Hereditary Colorectal Neoplasia, Digestive Disease and Surgical Institute, Cleveland Clinic, Cleveland, OH USA

BACKGROUND

- Endoscopic submucosal dissection (ESD) allows for en-bloc resection of large early-stage gastrointestinal tumors.
- During the submucosal dissection of colorectal polyps, the muscle layer can be found to extend into the polyp, this is termed as the Muscle-Retracting Sign.
- This endoscopic sign requires a high index of suspicion to prevent inadvertent dissection of the muscle layer.
- This case demonstrates the first reported case in the US of the Muscle-Retracting sign identified during colorectal endoscopic submucosal dissection (ESD) of a large adenoma.



We demonstrate the Muscle-Retracting sign seen during colorectal ESD of a large adenoma



CASE PRESENTATION

- A 74-year-old male presented for routine colon cancer screening and was found to have a 5cm pedunculated sigmoid colon polyp.
- Biopsy of the polyp revealed tubular adenoma with high-grade dysplasia with mucosal prolapse-type changes.
- Given the endoscopic impression of the mass lesion, a more advanced pathology could not be ruled out. The patient was planned to undergo ESD through the stalk of the large polyp.
- Submucosal dissection was performed using a dual and IT knife. In the center
 of the tumor stalk, the muscle retraction sign was seen, with the muscular
 propria being pulled toward the center of the polyp
- The procedure was stopped due to the risk of muscle perforation. The patient went home after the procedure, was doing well on follow-up, and had no adverse events.
- Given the high-grade dysplasia, the patient was referred to surgery for resection.

DISCUSSION

- Some colorectal neoplastic lesions can have the muscle layer drawn toward the center of the neoplasm.
- Previous studies in Japan have shown lesions positive with MR sign, have a significantly lower successful resection rate.
- These lesions should be carefully dissected, and elective surgical resection should be considered if appropriate.