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Summary

THE SALINE INMERSION/IRRIGATION TECHNIQUE TO FACILITATE ENDOSCOPIC INTERMUSCULAR DISSECTION OF A BULKY SESSILE RECTAL LESION AFTER A FAILED TAMIS

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SITE-assisted endoscopic intermuscular dissection achieved R0 resection of a 50mm fibrotic rectal lesion after failed TAMIS, avoiding surgery in a 43-year-old patient.

KEY POINTS

- A residual 50mm sessile rectal lesion with severe fibrosis following a complicated TAMIS procedure was successfully removed using saline-immersion/irrigation technique with endoscopic intermuscular dissection, including full-thickness muscle removal in areas where submucosal planes were not detectable.
- Histopathology showed tubulo-villous adenoma with low-grade and focal high-grade dysplasia with confirmed R0 resection at both deep and lateral margins.
- Resection time was 270 minutes; the patient was discharged 48 hours post-procedure without significant adverse events.
- At 6-month follow-up colonoscopy, excised granulation tissue showed no evidence of recurrence, dysplasia, or malignancy.
- The saline-immersion technique provided enhanced visualization, natural traction through buoyancy, superior electrical conductivity, and allowed the procedure to be performed under conscious sedation.
- The authors conclude SITE-EID is feasible for rectal pathology requiring deeper excision margins in cases of severe fibrosis or deep submucosal invasion, though further study is needed.

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