# TRANSCECAL ENDOSCOPIC APPENDECTOMY FOR MANAGEMENT OF COMPLEX APPENDICEAL POLYP: A SINGLE-CENTER CASE SERIES

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**A case series of five patients describes transcecal endoscopic appendectomy as a novel technique for removing complex appendiceal orifice polyps larger than 2 cm extending into the appendiceal lumen, achieving 100% en bloc and R0 resection rates.**

## KEY POINTS

- Five patients (mean age 65.6 ± 7.5 years) underwent transcecal endoscopic appendectomy for polyps averaging 3.08 ± 0.6 cm that extended deeply into or obstructed the appendiceal lumen.
- The technique involves circumferential incision around the polyp, endoscopic submucosal dissection through the cecal wall and mesoappendix, intra-luminal traction of the appendix, and clip closure of the defect.
- Technical success with complete en bloc removal was achieved in all five cases, with 100% R0 resection and 100% curative resection rates; average procedure length was 98.6 ± 36.22 minutes.
- Post-procedural complications included mild abdominal discomfort in four patients and leukocytosis in three patients managed conservatively with antibiotics; one patient developed a loculated fluid collection on day nine that resolved with antibiotics by day 17.
- The authors state this is the first reported Western experience with this technique and conclude it is safe in expert hands, though they note further prospective studies are needed for standardization.

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