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Endoscopic submucosal dissection treatment of a case of Hem-o-lok clip migration into the rectum submucosa

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Dear Editor,

A 61-year-old man with a history of pulmonary adenocarcinoma and prostate cancer was admitted to our hospital, who complained of increased stool frequency for six months. Laboratory tests revealed that the fecal occult blood test was weakly positive. She underwent a colonoscopy in our hospital which demonstrated a 0.6*0.8cm-sized, round, elevated lesion located 3cm from anal verge (Fig. 1A). Meanwhile, Endoscopic ultrasonography (EUS) showed that the lesion was hypoechoic, lack of homogeneous and lay in the submucosa (Fig. 1B). The patient accepted endoscopic submucosal dissection (ESD) to remove the lesion, which was his own decision. During the ESD procedure, when the mucosa was dissected layer by layer along the edge of the lesion with an insulated-tip knife, a white, smooth margin, qualitative hard, plastic-like foreign body was confirmed as a Hem-o-lok clip (Fig. 1D). No active bleeding was observed during the operation, and the wound was clamped with titanium clips. The patient was eventually recovered improved and discharged.



We revisited the patient's medical history and found the patient underwent laparoscopic radical prostatectomy (LRP) for prostate cancer three years ago, during which the neurovascular bundles on both sides of the prostate were ligated with Hem-o-lok clips. Thus, we suspected that the surgical clip appeared fall of and migrated to the rectum at a later stage, which resulted in a rectal submucosal lesion.

Discussion

Migration of Hem-o-lok clips to the rectum after LRP is a rare event. Only two cases have been reported, and the patients had no characteristic features, both of which were incidentally discovered to have one end of the Hem-o-lok clip protruding into the rectal lumen by performing colonoscopy (1-2), so it was easier to diagnose and treat. However, in our report, the patient developed symptoms of rectal irritation and presented with rectal submucosal lesion. To the best of our knowledge, this is the first case of ESD diagnosis and treatment of Hem-o-lok migration into the rectal.

In summary, migration of Hem-o-lok clips to the rectum after LRP is a rare phenomenon that should be considered in the differential diagnosis of rectal submucosal lesions, and ESD is a feasible treatment for it.

References

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treatment: Jun Liu and Lu Wang. Writing and review of the article: Qian Zhang and Haina Chai. All authors have read and agreed to the published version of the manuscript.



Fig. 1 A. Endoscopy revealed a round, elevated lesion.





B. Endoscopic ultrasonography showed the lesion was hypoechoic, lack of homogeneous and lay in the submucosa.





C. A white, smooth margin, qualitative hard, plastic-like foreign body was found in the submucosa.





D. The foreign body was confirmed as a Hem-o-lok clip.