Revista Española de Enfermedades Digestivas
The Spanish Journal of Gastroenterology

Title:
Endoscopic submucosal dissection for a giant colorectal laterally spreading tumor of cm in diameter

Authors:
Xingcen Chen, Deliang Liu, Rong Li

DOI: 10.17235/reed.2023.9776/2023
Link: PubMed (Epub ahead of print)

Please cite this article as:
Chen Xingcen, Liu Deliang, Li Rong. Endoscopic submucosal dissection for a giant colorectal laterally spreading tumor of cm in diameter. Rev Esp Enferm Dig 2023. doi: 10.17235/reed.2023.9776/2023.

Revista Española de Enfermedades Digestivas
The Spanish Journal of Gastroenterology

IPD 9776

Endoscopic submucosal dissection for a giant colorectal laterally spreading tumor of cm in diameter

Xingcen Chen[1,2], Deliang Liu[1,2], Rong Li[1,2]

[1]Department of Gastroenterology. The Second Xiangya Hospital of Central South University. Changsha, China. [2]Research Center of Digestive Disease. Central South University. Changsha, China

Received: 16/06/2023

Accepted: 16/06/2023

Correspondence: Rong Li

e-mail: xylulr@csu.edu.cn

Author contributions: *manuscript writing, Xingcen Chen and Rong Li; endoscopists in this case, Rong Li and Deliang Liu; and final approval of manuscript, all authors.*

Conflict of interest: the authors declare no conflict of interest.

CASE REPORT

A 77-year-old male presented with recurrent diarrhea for more than two years, aggravated, and a one-month history of a rectal mass. High-definition white light colonoscopy showed an approximately circumferential elevated lesion from about 12 cm from the anus to the dentate line. The lesion had surface nodules of different sizes, some surfaces slightly congested and internal hemorrhoids (Fig. 1A and B). The patient was diagnosed with a giant laterally spreading tumor of the rectum of the granular nodular mixed type (LST-G-M) with the possibility of local malignant transformation. The lesion was treated with single-tunnel assisted endoscopic submucosal dissection (ESD) at the patient's request. Histopathology of the specimen showed villous tubular adenoma with local carcinogenesis (Fig. 2), 33*12

cm in size (Fig. 1C), negative margins and no lymphovascular invasion. No bleeding or perforation was observed during or after the procedure, and no stenosis was observed two months later (Fig. 1D).

DISCUSSION

A few clinical retrospective studies reported ESD treatment for colorectal LST larger than 10 cm in diameter (1-3), and all demonstrated that ESD was effective and feasible for the treatment of giant colorectal LST. This case is the largest diameter colorectal LST known at present. The single-tunnel ESD method successfully achieved curative resection without stenosis or local recurrence during postoperative follow-up. In summary, the present case indicates the feasibility of ESD for the treatment of giant colorectal LST > 30 cm in diameter, providing a note for subsequent standardized endoscopic therapy of early gastrointestinal cancer.

REFERENCES

1. Jung DH, Youn YH, Kim JH, et al. Endoscopic submucosal dissection for colorectal lateral spreading tumors larger than 10 cm: is it feasible. Gastrointest Endosc 2015;81:614-20. DOI: 10.1016/j.gie.2014.09.001

2. Chiba H, Ohata K, Tachikawa J, et al. The feasibility of endoscopic submucosal dissection for colorectal lesions larger than 10 cm. Surg Endosc 2022;36(7):5348-55. DOI: 10.1007/s00464-021-08916-x

3. Lu J, Tan Y, Liu D, et al. Endoscopic submucosal dissection for rectal-sigmoid laterally spreading tumors ≥ 10 cm: an analysis of 10 cases. Transl Cancer Res 2021;10:867-75. DOI: 10.21037/tcr-20-2659

Revista Española
de Enfermedades Digestivas
The Spanish Journal
of Gastroenterology

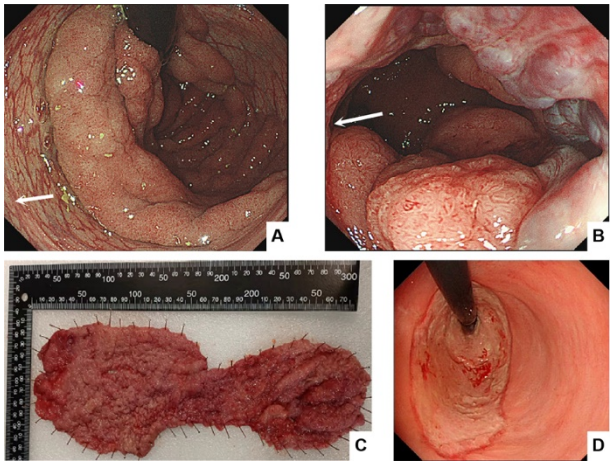

Fig. 1. A and B. Detailed observation of the lesion was applied by the endoscopist (white light colonoscopy before surgery). C. Pathological specimens were excised after surgery. D. Colorectal colonoscopy two months after surgery.

Revista Española
de Enfermedades Digestivas
The Spanish Journal
of Gastroenterology

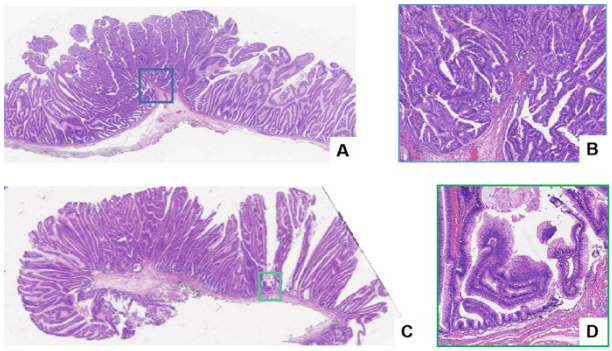

Fig. 2. A and C. Pathological section of the laterally spreading tumor (LST) specimen (HE staining, × 40). B. Blue box in A (HE staining, × 400). D. Green box in C (HE staining, × 400).