

Study courtesy of:  
Jacques Bergman, MD PhD  
Wilda Rosmolen  
Femke Peters, MD  
Academic Medical Centre  
Amsterdam

## HISTORY

A 72 year old male patient with a short segment Barrett's esophagus was referred to our hospital for endoscopic treatment of a focal lesion containing high-grade dysplasia. Prior mapping endoscopies, using autofluorescence endoscopy, narrow-band imaging and chromoscopy had shown a 1 cm long Barrett's segment with a subtle mucosa irregularity shown in retroflexed position at the seven o'clock position (Figure 1).

## PROCEDURE

After marking the lesion with electrocoagulation (Figure 2), the lesion was removed endoscopically using a therapeutic gastroscope and the **Duette® Multi-Band Mucosectomy Device**. This is a modified variceal ligation device with six rubber bands attached to the outside of a 13 mm diameter cap. The marked area was suctioned into the cap without prior submucosal injection and a rubber band was released capturing the mucosa and superficial submucosa (Figure 3). A hexagonal polypectomy snare, passed alongside the strings of the ligation device, was used to resect the created pseudopolyp below the tightened rubber band (Figure 4). The area of interest was resected in 4 pieces without complications (Figure 5).

## OUTCOME

Histological examination of the specimens showed high-grade intraepithelial neoplasia. The deep resection margins were free of neoplasia. Further management consisted of a second endoscopic procedure in which the remainder of the Barrett's mucosa was resected. At six months follow-up, the patient was free of Barrett's mucosa and neoplasia. Conclusion: The **Duette Multi-Band Mucosectomy Device** allows for quick and effective mucosal resection without submucosal lifting of the lesion. Endoscopic radical resection of short-segment Barrett's esophagus containing high-grade intraepithelial neoplasia and/or early cancer is a promising alternative to surgical therapy and endoscopic ablation techniques.

**COOK ENDOSCOPY**  
4900 Bethania Station Road, Winston-Salem, NC 27105 U.S.A.  
Phone: 336 744-0157, Toll Free: (USA) 800 457-4500, Fax: 336 744-5231  
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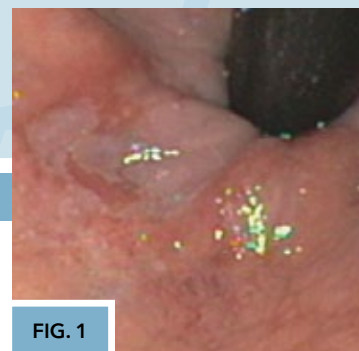


FIG. 1



FIG. 2

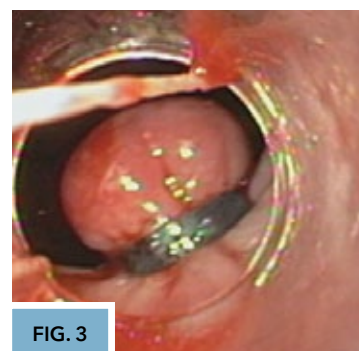


FIG. 3

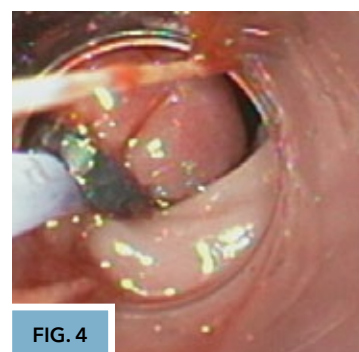


FIG. 4

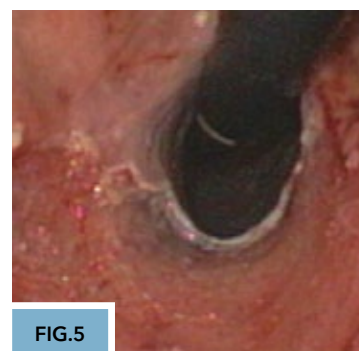


FIG. 5