Resecting a GE Junction Polyp with the Duette® Multi-Band Mucosectomy Device

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"The safety and efficacy of the Duette Multi-Band Mucosectomy kit for resection of dysplastic Barrett's has been well reported in literature."

– Muhammad Hasan, MD

A 76-year-old patient with a previous history of ablated Barrett's esophagus was noted to have a 2.5 cm, biopsy-proven, sessile adenoma at the gastroesophageal (GE) junction. At EGD, the polyp (Paris classification 0-IIa) was observed to be mostly on the gastric side of GE junction (*Figure 1*). After delineating the margins with narrow band imaging (NBI), the Duette Multi-Band Mucosectomy (DT-6-5F) device with a 5 French (Fr) mini hex snare was used to resect the abnormal tissue in two fragments (*Figures 2a and 2b*). Resection of the polyp was performed safely by seating the snare under the band. Histopathologic examination revealed high-grade dysplasia without invasive carcinoma. A repeat endoscopy was performed at six weeks and revealed a well-healed scar with no residual adenoma (*Figure 3*). The patient has been doing well at six-month follow-up with no adverse sequelae.

Discussion

Endoscopic mucosal resection (EMR) is an alternative to surgery for the management of selected mucosal neoplastic lesions. It may enable curative resection and provides the most accurate t-staging information. For mucosal lesions, careful examination with a high-definition endoscope and the use of imaging enhancement functions like zoom, NBI, iScan and FICE are important for accurate characterization and delineation of these lesions. ■

Figure 1

Figure 2a

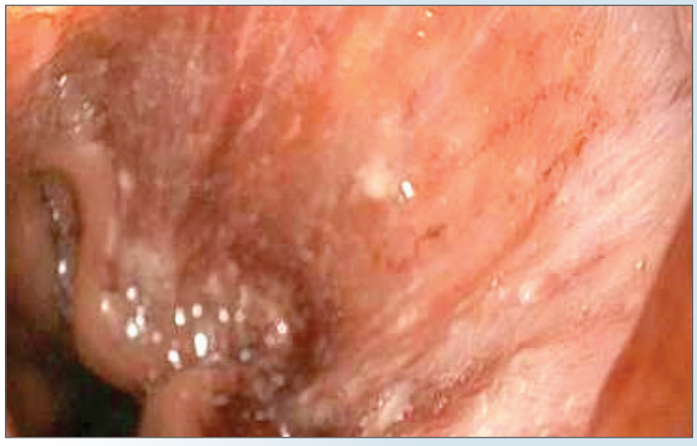

Figure 2b

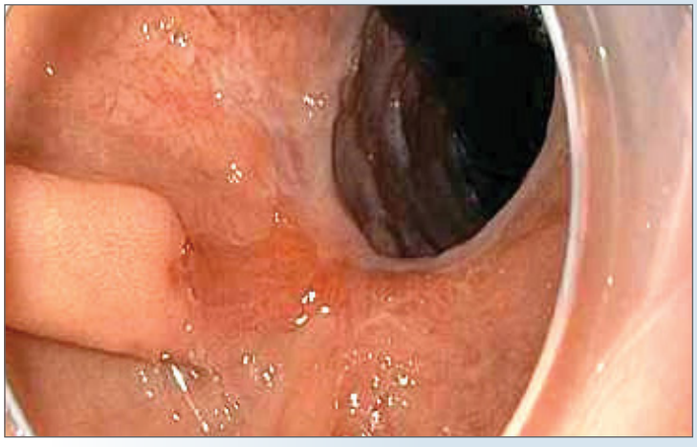

Figure 3