



## Image of the Month

## Device-assisted nonexposed endoscopic full-thickness resection (EFTR) for completion of resection of a rectal neuroendocrine neoplasm

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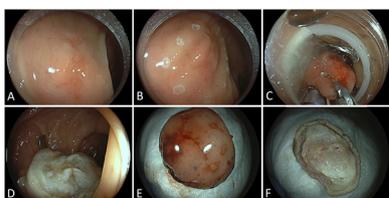
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Rectal neuroendocrine neoplasms (NENs) are increasingly being diagnosed during routine screening colonoscopy. The characteristic endoscopic presentation is by a yellowish polypoid or doughnut-shaped lesion. Primary recognition of rectal NENs by office-based screening program providers should ideally result in referral for work-up/resection including tattooing of hard-to-appreciate lesions, since attempts at forceps removal and/or standard polypectomy typically remain incomplete.

A 66-year-old female presented for endoscopic resection of an estimated 8-mm NEN that had been partially forceps removed elsewhere (G1, R1). Colonoscopy easily identified the scarred resection site in the low-to-middle rectum (Fig. 1A). To safely remove the remnant lesion, we opted for device-assisted nonexposed endoscopic full-thickness resection (EFTR, using the FTRD device, Ovesco, Tübingen, Germany). As per standard proceedings, the lesion was marked (Fig. 1B), completely drawn into the cap (Fig. 1C)



and finally cut after deploying the over-the-scope clip (Fig. 1D), yielding a 25 × 10-mm, centrally transmural resection specimen. (Fig. 1E + F) Final histopathology indicated curative resection of a 4-mm low-risk remnant rectal NEN (pT1a, L0, V0, R0, G1) (Fig. 2; H&E and *synaptophysin* immunohistochemistry, ×1 and ×5, respectively), such that no systematic staging was indicated as per ENETS guidelines [1]. Albeit mostly in clinical use for resection of advanced rectal neoplasia, in light of exuberant scarring and subepithelial localization, FTRD resection is considered to represent an ideal, easy-to-perform endoscopic rescue technique for completion of resection of rectal NENs.

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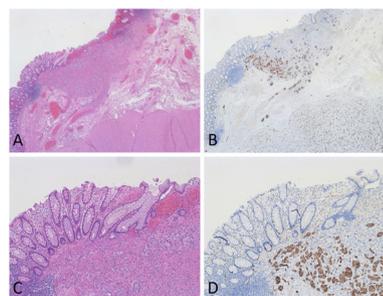


Fig. 2. Final histopathology demonstrated a 4-mm low-risk rectal neuroendocrine neoplasia with curative resection with wide margins (NEN: pT1a, L0, V0, R0, G1) (A + C, H&E, and B + D synaptophysin immunohistochemistry, ×1 and ×5, respectively).

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### Conflict of interest statement

None declared.

### Reference

- [1] Ramage JK, De Herder WW, Delle Fave G, Ferolla P, Ferone D, Ito T, et al. ENETS consensus guidelines update for colorectal neuroendocrine neoplasms. *Neuroendocrinology* 2016;103:139–43.