Letters to the Editor

Transanal submucosal endoscopic resection (TASER) by TEO system®

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Dear Editor,

We report the case of a 51-year-old male who underwent colonoscopy due to rectal bleeding. Polypectomy of an 8 mm sessile polyp (grade 0-Is) located 12 cm from the anal verge was performed. Histology, it showed a moderately differentiated intramucosal adenocarcinoma, without lymphovascular or perineural invasion, but reaching the resection margin. In the control endoscopy, the scar from previous polypectomy showed an irregular aspect, with retraction of folds, and using NBI appears like a Nice type III, compatible with infiltration/dysplasia. After extension study, we performed a transanal submucosal endoscopic resection (Fig. 1). The postoperative was uneventful, and the patient was discharged the next day. The surgical specimen showed no malignancy data.

Discussion

Submucosal resection techniques for digestive tumors have proliferated considerably in recent years, although its spread has been limited by the complex learning curve. Transanal resection techniques are more established, and in some cases have replaced conventional surgical procedures (1). However, as long as resection involves entry into the peritoneal cavity, the risk of leak will be present (2).

A new procedure has been described recently: transanal submucosal endoscopic resection (TASER) (3,4). The reference to the endoscopic component is double, combining the endoscope with endoanal resection devices. The main advantage of this technique is the introduction of the principles of traction-countertraction to the endoscopic field (5), added to the availability of the surgical instrumental for treating complications.

The TEO system® (Karl Storz- Tuttlingen - Germany) was designed to complete wall resections, but the versatility of its ports allows to perform TASER, with the advantage that its integrated camera provides brightness and an overall picture of the surgical field.

The use of these techniques in medium-high rectum facilitates submucosal resection, improving the learning curve.
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References


