

Comment to the letter “Acute appendicitis after a colonic endoscopic submucosal resection”

Key words: Colorectal. Endoscopic full thickness resection (EFTR). Appendicitis. Over the scope clip (OTSC).

Dear Editor,

We read with interest the letter to the editor “Acute appendicitis after a colonic endoscopic submucosal resection” by Serrano González J et al. (1), which was published in the *Revista Española de Enfermedades Digestivas (The Spanish Journal of Gastroenterology)* issue 3, 2018. We would like to clarify the following aspects mentioned in this letter.

Case report

The described case was a 59-year-old patient that presented with an 8-10 mm 0-Isp lesion that was suspicious of adenoma, arising from the appendiceal orifice. The lesion was considered for *endoscopic full-thickness resection* (EFTR), which has recently shown a high efficacy for the treatment of lesions in difficult locations (e.g., appendiceal orifice, diverticula) or with severe fibrosis (2-4). The procedure was successfully performed using a *full-thickness resection device* (FTRD[®], Ovesco Endoscopy, Tübingen, Germany) following two sequential steps: a) the “over the scope clip” (OTSC) was released including the lesion and the remaining wall layers; and b) the lesion was subsequently snared to complete a full-thickness resection. The OTSC remained correctly placed in the resection site and no conventional hemostatic clips were used, as was erroneously stated in the original letter. The 22 x 18 mm specimen (Fig. 1) was finally reported as a tubular adenoma with free lateral margins (R0). The patient was discharged 24 hours after the intervention with no complications. Unfortunately, he was admitted 24 hours later with an acute appendicitis, and an urgent laparoscopic appendectomy was performed.

Discussion

To our knowledge, the “endoscopic submucosal resection” technique mentioned by the authors in the letter does not



Fig. 1. A. Endoscopic view of the resection site with the OTSC placed in situ. “Target sign” including the appendix orifice in the center of the image. B. Specimen retrieved and pinned on a rubber board.

correspond to the EFTR procedure performed for this patient. Two cases of acute appendicitis were registered in our series as a complication of EFTR due to polyps arising from the appendix in patients without a prior appendectomy. The identification of potential risk factors and the development of prophylactic measures to prevent this complication need to be addressed in future studies.

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References

- Serrano González J, López Monclus J, Román García de León L. Acute appendicitis after a colonic endoscopic submucosal resection. *Rev Esp Enferm Dig* 2018;110(3):211-2. DOI: 10.17235/reed.2018.5307/2017
- Marín-Gabriel JC, Díaz-Tasende J, Rodríguez-Muñoz S, et al. Colonic endoscopic full-thickness resection (EFTR) with the over-the-scope device (FTRD): a short case series. *Rev Esp Enferm Dig* 2017;109(3):230-3. DOI: 10.17235/reed.2017.4259/2016
- Schmidt A, Bauerfeind P, Gubler C, et al. Endoscopic full-thickness resection in the colorectum with a novel over-the-scope device: first experience. *Endoscopy* 2015;47(8):719-25. DOI: 10.1055/s-0034-1391781
- Schmidt A, Meier B, Caca K. Endoscopic full-thickness resection: current status. *World J Gastroenterol* 2015;21(31):9273-85. DOI: 10.3748/wjg.v21.i31.9273