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Letters to the Editor

Endoscopic resection of rectal gastrointestinal stromal tumor using band ligation: an adequate technique?

Key words: Gastrointestinal stromal tumor. Rectum. Endoscopy. Band ligation.

Dear Editor,

We read with interest the article by Ledo-Rodríguez et al. entitled "Endoscopic resection of rectal gastrointestinal stromal tumor using band ligation" (1). We have found articles describing band ligation assisted endoscopic resection of lesions located in the submucosa (2) and muscularis mucosa (3) but not in the muscularis propria. This is not surprising given the fact that to achieve complete resection of lesions located in the muscularis propria using a band ligation assisted endoscopic resection technique perforation is practically necessary especially if we seek to obtain free margins. There are endoscopic treatments for gastric GISTs arising from the muscularis propria including band ligation (4) and endoloop fastening after elevation of the lesion using tissue retractor (5), in those cases after deployment of the band surveillance was performed until the lesion sloughed off. However those techniques have not been reported for colonic lesions arising from the muscularis propria. Endoscopic resection of lesions located in the muscularis propria is possible if lesions are well demarcated using a endoscopic enucleation technique as described by Park et al. (6) that is based on endoscopic submucosal dissection. Independently of the results obtained in this case we should emphasize that band ligation assisted endoscopic resection of rectal gastrointestinal stromal tumors localized in the muscularis propria is a high risk technique not adequate for this kind of lesions that should be avoided.

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