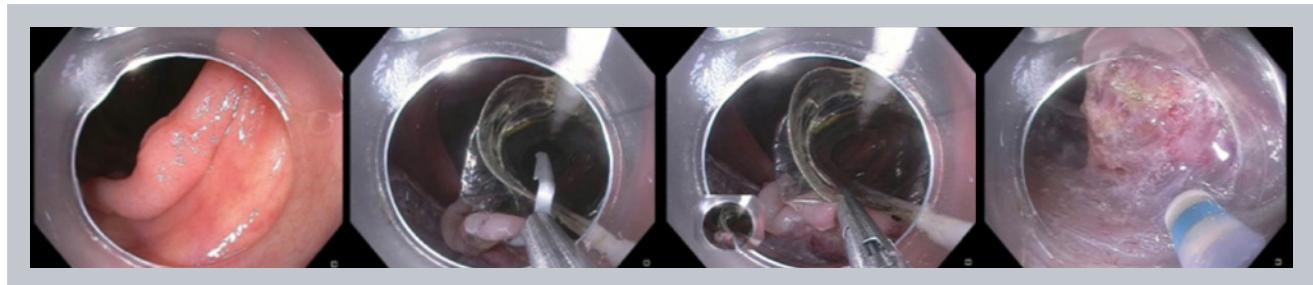

Patient History:

Following a routine colonoscopy, this 83-year-old male was referred for endoscopic submucosal dissection to NYU Winthrop Hospital for a 3.5cm complex lesion located in the ascending colon. Patient medical history included Coronary Artery Disease, Benign Prostatic Hypertrophy and Atrial Fibrillation.

Procedure:

The DiLumen™ EIP assisted polypectomy intervention was performed under general anesthesia in the Endoscopy Suite at Winthrop University Medical Center. Patient was positioned in a left lateral position. The DiLumen was loaded over a pediatric colonoscope, and the device/scope reached the cecum in 15 minutes without difficulty. Upon inspection, the lesion was located on a haustral fold in the ascending colon. The DiLumen Balloons were deployed on either side of the lesion and inflated to create a stabilized Therapeutic Zone. The fore balloon was extended further to help straighten and flatten the haustral folds. Following a methylene blue and saline injection to lift the lesion, a circumferential mucosal cut with a generous margin was achieved. Standard ESD cap dissection was started on the distal margin and a prominent flap was created. At this point the fore balloon was deflated and the trailing edge of the fore balloon was aligned with the front edge of the distal mucosal flap. An endoscopic clip was then applied to capture the mucosal flap and the trailing edge of the balloon. With the mucosal flap secured, tension was applied by sliding the fore balloon forward to raise the flap and expose the submucosal plane. Utilizing a needle knife the submucosal plan was quickly dissected and continuous but gentle tension was applied until the lesion was completely resected. There were no adverse events.



Results:

Procedure time from initial injection to removal of lesion was 31 minutes. The lesion was classified Paris IIA and IIC and histological analysis reported lesion as a tubular adenoma.

Discussion:

Stabilization and the ability to manipulate the lesion to create traction with the fore balloon can potentially save time in a lengthy ESD procedure.

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