Endoscopic Mucosal Resection of Antral Polyp

technique spotlight



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Patient History

A 46-year-old male with history of cirrhosis, thrombocytopenia and coagulopathy was noted to have a large, 2cm pre-pyloric polypoid lesion in the gastric antrum (**Figure 1**). Biopsies obtained during previous EGD revealed dysplasia. Patient was referred for consideration of an endoscopic resection.

Procedure

EMR was performed in lieu of surgical resection due to the patient's operative risk secondary to cirrhosis and coagulopathy. The antral polyp was removed en bloc using the Captivator™ EMR Device (Figures 2-6). Due to the patient's increased risk of post procedure bleeding, the site was closed with two Resolution™ Clips (Figure 7). The Resolution Clips were able to be placed immediately following EMR as The Captivator EMR Device allowed passage of the clips while the scope and cap were in place.

The Resolution Clips passed easily through the Captivator EMR Device. Prior to the availability of the Captivator EMR Device we would have had to remove the scope from the patient, remove the ligator cap and go back down

with the scope. These extra steps would increase procedure time and potentially lead to a more complicated procedure if the patient started bleeding from the EMR site in the interval between scope removal and re-intubation.















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Outcome / Post-Procedure

The polyp was removed and the resection site was successfully closed. The patient tolerated the procedure without complication and was discharged the same day. The polyp was completely resected and there are no plans for further interventions.

Conclusion

This case highlights an efficient technique of performing an EMR on a patient with underlying risk factors. Endoscopic resection with the Captivator EMR Device has the advantage of removing a large antral polyp with success and the passability of the Resolution Clip with the scope in place.



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