

Commentary

Duodenal varices are more commonly seen in noncirrhotic extrahepatic portal hypertension. Bleeding from duodenal varices occurs at a low frequency but is generally massive and fatal. Owing to their rarity, there have been no randomized controlled trials evaluating the treatment strategies for duodenal varices. Endoscopic injection sclerotherapy (EIS) has been the mainstay of treatment, but is feared to result in distal embolism of the sclerosing agent. In this report, clipping-assisted EIS was performed to improve sclerosing agent retention in varicose veins, decreasing the risk of distal embolism. This technique is easy to perform, cost-effective, and previously described in management of esophageal varices with good results. Further studies are needed to define the safety and efficacy of this technique. If used in the second portion of duodenum, care should be taken to avoid clipping the ampullary orifice. Recently, endoscopic ultrasound-guided combination therapy (coil and hemostatic glue) has also attracted considerable attention in management of gastrointestinal varices. Variceal coiling reduces the amount of sclerosing agent needed and decreases the risk of systemic embolization.

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Primary ad hoc tip-in mucosectomy for colitis-related erythema-like dysplasia (with video)

A 69-year-old male patient was referred for anemia workup related to his long-standing Crohn's ileocolitis. The patient was in clinical remission on standard-dose ustekinumab and had undergone ileocecal resection >10 years ago. Ileocolonoscopy was significant for mildly active disease in the proximal colon (thus not qualifying for panchromocolonoscopy), as well as for a suspicious, estimated 15-mm erythema-like lesion in the sigmoid colon (**A**). More close-up views on narrow-band imaging revealed an amorphous surface and altered vessel pattern indicated by condensed brownish spots, suggesting a neoplastic colorectal lesion (**B**). Given the ultra-flat nature of the lesion, we opted for tip-in mucosectomy after submucosal indigocarmine injection, further highlighting lesional borders (**C**). Tip-in mucosectomy was performed by electrosurgically creating a tiny hole in the oral aspects to anchor the snare, ensuring negative oral margins, and to aid in controlled capture of the entire lesion under full visual control of anal margins (Video 1, available online at www.giejournal.org).



This video can be viewed directly from the *GIE* website or by using the QR code and your mobile device. Download a free QR code scanner by searching “QR Scanner” in your mobile device’s app store.

Assessment of the en bloc resection defect did not indicate residual tissue and/or deep mural injury (**D**). Final histopathologic evaluation confirmed R0 resection of a low-grade intraepithelial neoplasia.

Colitis-related dysplasia is notorious for difficulties in lesion recognition, border appreciation, and challenging endoscopic resection, among other issues. With varying degrees, it is also challenging in terms of lesional flatness, blurred demarcation, and adjacent scarring, implying a strong candidacy for tip-in mucosectomy.

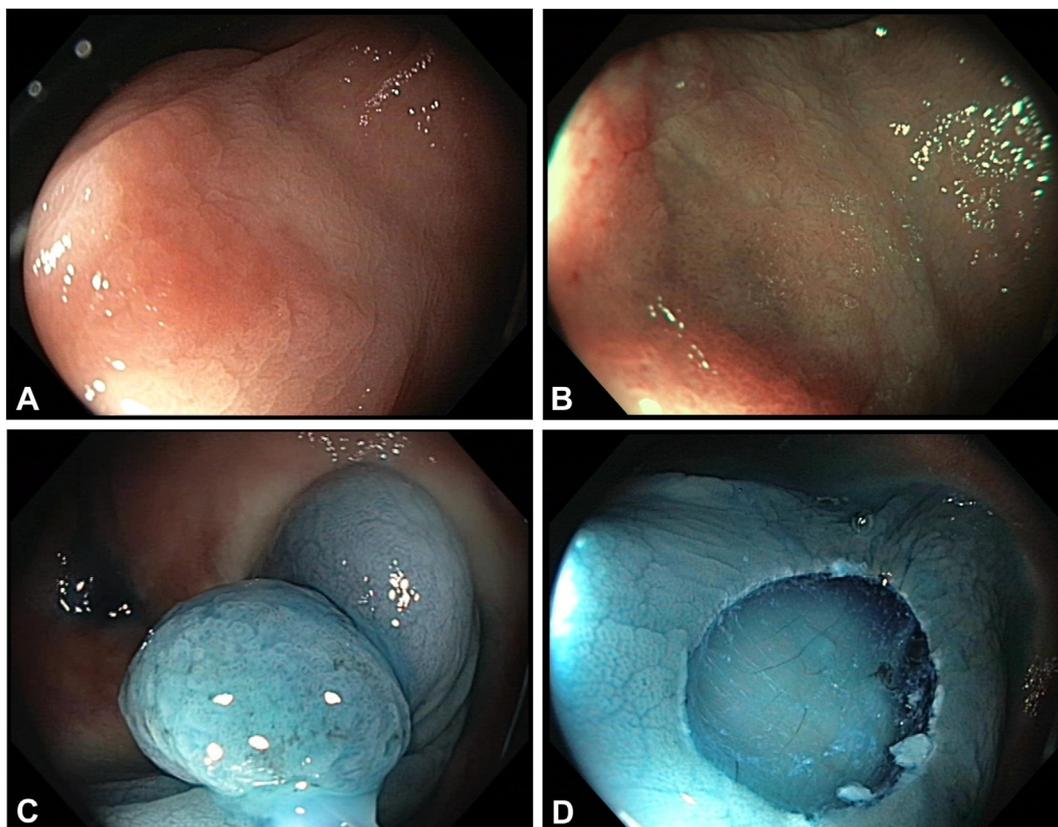
DISCLOSURE

The author disclosed no financial relationships relative to the content of this point.

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Inflammatory bowel disease (IBD) is a well-known risk factor for the development of colonic mucosal dysplasia and cancer, namely colitis-associated neoplasia (CAN). Crohn's disease increases the cumulative risk of CAN by up to 8% after 30 years of disease. Patients with diffuse and severe disease are at further elevated risk. In a non-IBD population, development of colorectal cancer is dependent on APC mutations to initiate colorectal cancer tumorigenesis. In the development of CAN, this step is bypassed by inflammatory signals. This case highlights the importance of high-quality screening colonoscopies in the IBD population to detect subtle precancerous and cancerous mucosal lesions. Endoscopic resection of CAN in patients with IBD can be technically challenging due to significant mucosal and submucosal fibrosis. In this report, authors used a tip-in mucosectomy technique to ensure en bloc mucosal resection. There is also developing evidence to support endoscopic submucosal dissection (ESD) and hybrid-ESD techniques in IBD patients with CAN. ESD is superior in terms of safety and R0 resection rate. However, it is more technically challenging and not available in some medical centers providing IBD care.

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