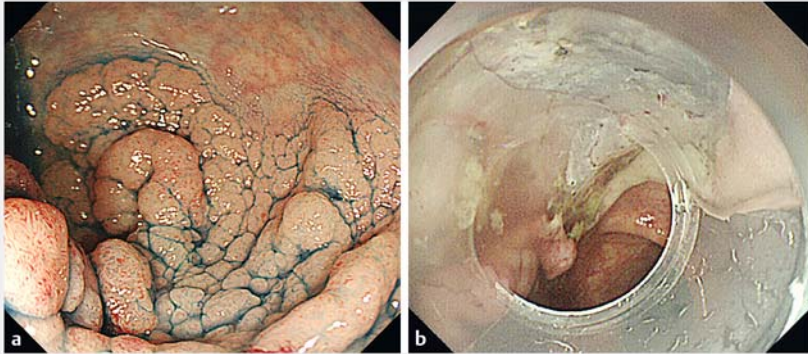


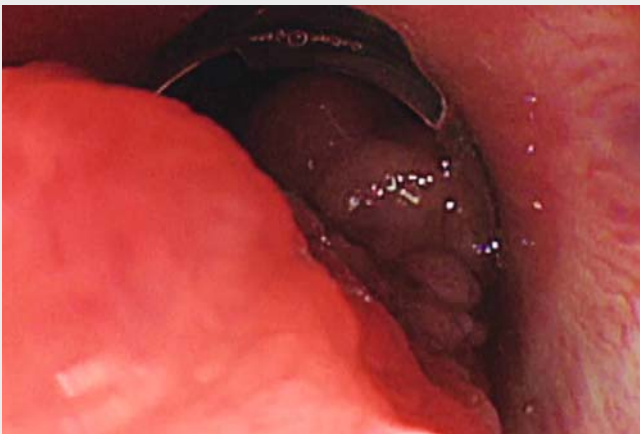
Retrieval of a large resected specimen using a large-caliber cap after colorectal endoscopic submucosal dissection



► **Fig. 1** Large tumor located in the rectosigmoid colon. **a** Overview of the tumor. **b** The cap is a large-caliber device; however, it can be inserted easily through the anal canal because the cap is transparent, oblique, and soft.



► **Fig. 2** Large-caliber (outer diameter 18 mm) oblique soft cap (D-206; Olympus, Tokyo, Japan) was placed on the tip of the endoscope.



► **Video 1** Retrieval of a large resected specimen using a large-caliber cap after colorectal endoscopic submucosal dissection.

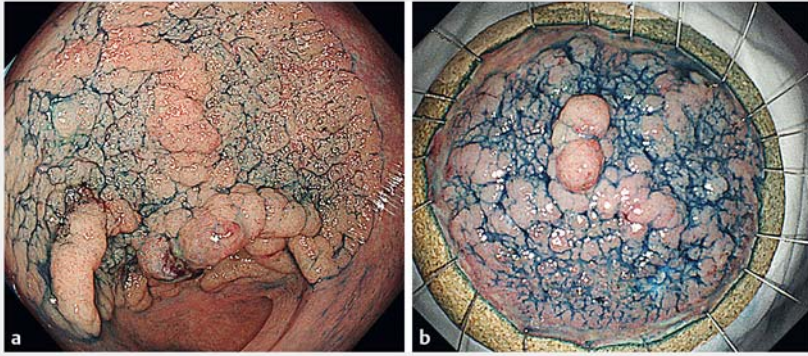
Endoscopic submucosal dissection (ESD) has emerged as a feasible treatment option for colorectal tumors [1]. However, large colorectal specimens obtained via ESD that are difficult to retrieve from the anal canal are often encountered. We have experienced a few cases of specimen fragmentation during retrieval. Precise histological evaluation requires an intact specimen and fragmentation should be avoided. Several recent re-

ports have described useful techniques for the retrieval of intact resected specimens [2–4]; however, these reported methods are relatively complex. We describe a more convenient and easy way of retrieving resected specimens using a large-caliber cap. The first case involves a 73-year-old man who underwent ESD for a large laterally spreading tumor (LST) located in the rectosigmoid colon (► **Fig. 1 a**). We removed

the tumor via en bloc resection using a DualKnife (Olympus, Tokyo, Japan) and a short-type small-caliber-tip transparent cap (Fujifilm, Tokyo, Japan). Because the resected specimen measured over 10 cm, its retrieval from the anal canal was very difficult. Therefore, a large-caliber (outer diameter 18 mm) oblique soft cap (D-206; Olympus) for cap-assisted endoscopic mucosal resection [5] was placed on the tip of the endoscope (► **Fig. 2**). We suctioned the resected specimen into the cap and retrieved it easily from the anal canal (► **Fig. 1 b**, ► **Video 1**). Because the cap could pass through the anal canal while protecting the resected specimen, the resected specimen did not fragment. Precise histological evaluation revealed negative margins.

The second case involved a 68-year-old man who underwent ESD for a large LST located in the upper rectum (► **Fig. 3 a**). The tumor was removed via en bloc resection, and was easily retrieved using the same method as that described above (► **Fig. 3 b**, ► **Video 1**). Since 2014, we have used this method to successfully retrieve specimens measuring over 50 mm without fragmentation, regardless of tumor shape.

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► **Fig. 3** Large tumor located in the upper rectum. **a** Overview of the tumor. **b** Resected specimen. Histological evaluation revealed that the cut margins were negative for intramucosal cancer.

Competing interests

None

The authors

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