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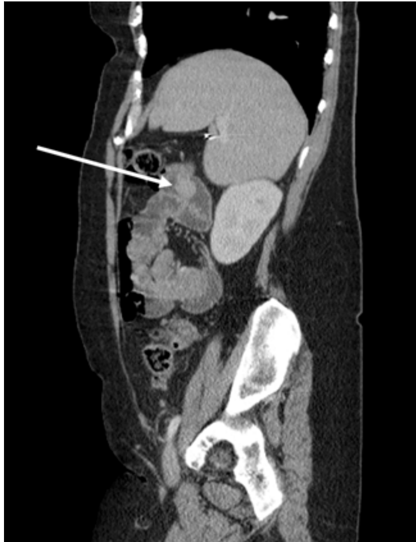
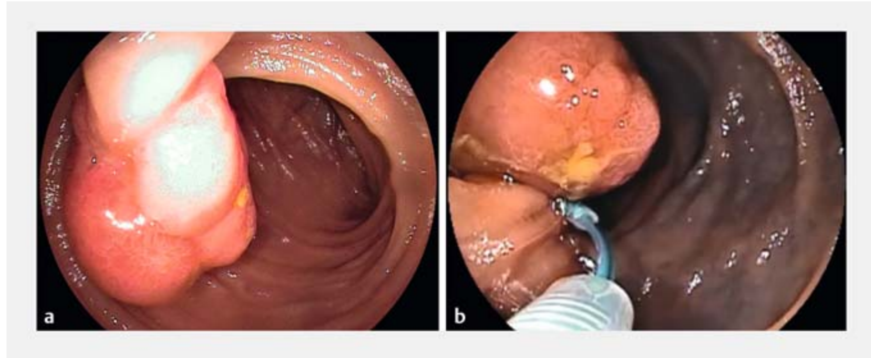
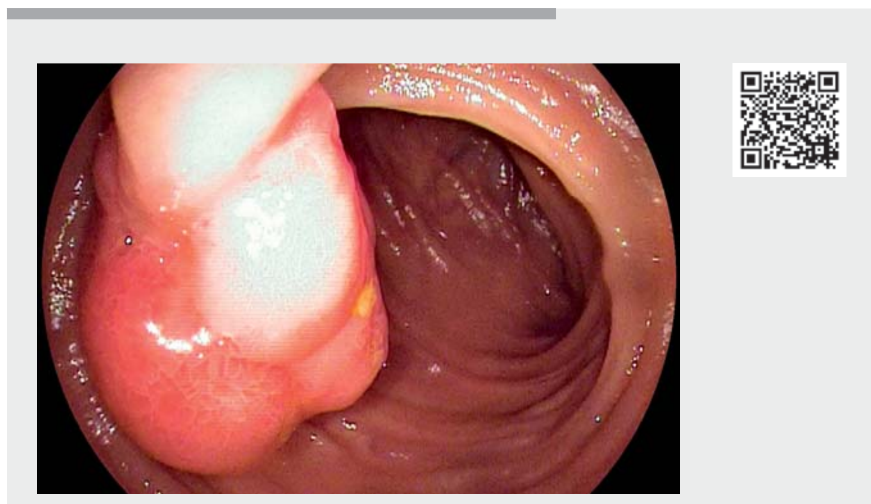
Peutz-Jeghers polypectomy in the small bowel using "ligate-and-let-go" technique



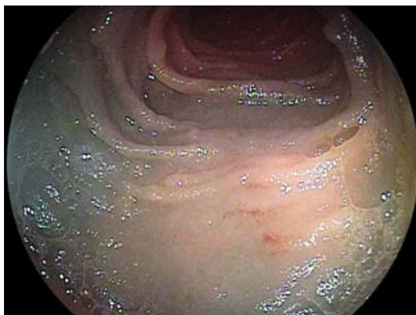
▶ **Fig. 1** Computed tomography enterogram of the abdomen revealing a large polyp within the small bowel with dilated proximal bowel loops concerning for intussusception.



▶ **Fig. 2** **a** The 25-mm pedunculated polyp in the distal jejunum prior to ligation. **b** Pedunculated jejunal polyp with ligature placed high on the polyp neck.



Video 1 Anterograde double-balloon endoscopy of small bowel with utilization of "ligate-and-let-go" technique to remove pedunculated jejunal polyp. Repeat procedure 5 weeks later showed well-healed scar at the site of the prior polyp.



▶ **Fig. 3** Well-healed jejunal mucosa at the site of the polyp post-ligation. India ink tattoo can be seen surrounding the scar tissue.

The "ligate-and-let-go" polypectomy technique involves looping a target lesion with a detachable snare and letting it necrose and slough off [1]. This technique is thought to carry less risk for bleeding and perforation than electrocautery. We present a case of a patient with Peutz-Jeghers syndrome in which the "ligate-and-let-go" method was used to successfully treat an obstructing small bowel polyp via anterograde double-balloon enteroscopy (DBE). To our knowledge, this is the first utilization of this technique to successfully remove a jejunal polyp via anterograde DBE.

A 46-year-old woman with Peutz-Jeghers syndrome was found to have a large polyp and early intussusception on computed tomography (CT) enterography (▶ **Fig. 1**). Anterograde DBE confirmed a 25-mm pedunculated polyp in the distal jejunum (▶ **Fig. 2 a**). Biopsies were obtained and the region was tattooed with India ink. Pathology revealed a hamartomatous polyp without dysplasia. During repeat anterograde DBE, a ligature was successfully placed at the neck of the polyp via an endoloop device (▶ **Fig. 2 b**). Given the high position of the loop, the decision was made to proceed with the "ligate-and-let-go" technique to avoid bleeding and incomplete resection (▶ **Video 1**). Repeat anterograde DBE 5 weeks later revealed a well-healed scar in the distal jejunum at the site of the ligated polyp as identified by prior tattoo (▶ **Fig. 3**).

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The “ligate-and-let-go” technique offers successful polypectomy with a low risk of bleeding and perforation. There is one published report of use of this technique via single-balloon enteroscopy to remove a distal ileal lipoma, though there is otherwise little data regarding its use in the small bowel [2]. To our knowledge, this was the first case of using this technique via anterograde DBE to successfully remove a jejunal hamartoma in a patient with Peutz-Jeghers syndrome. Often these patients may have multiple polyps requiring surveillance and intervention; this approach offers an alternative to resection and removal.

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Competing interests

The authors declare that they have no conflict of interest.

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