DOI: 10.1111/codi.17061

VIDEO CORRESPONDENCE





One step closer to a fully flexible platform: OverStitch and DiLumen C1 systems—A video vignette

Dear Editor,

Endoscopic submucosal dissection (ESD) is superior for the removal of large, intricate colon lesions but is technically challenging and time-consuming due to inadequate traction-countertraction and lack of suturing [1, 2]. We present the case of a 77-year-old man with a substantial laterally spreading rectal tumour (LST) managed through traction-assisted ESD using the DiLumen C1® platform and endoluminal suturing with the OverStitch[™] system. These advanced endoluminal tools facilitate traction and suturing, potentially improving ESD outcomes and efficiency [3, 4].

A 77-year-old man with a 150mm nonbleeding LST involving 80%–90% of the rectal circumference was referred for ESD. The procedure began with a comprehensive colonoscopy. Mucosal elevation was achieved using 188 mL of lifting solution and a circumferential mucosal incision was completed using an electrosurgical knife. The DiLumen C1® (Lumendi, Westport, CT, USA) was introduced over the scope and positioned at the site of the lesion. A grasper advanced through the platform's channel provided optimal traction, allowing rapid and precise dissection. After complete tissue resection, due to the large size of the lesion and the potential for a partial muscle defect, the OverStitch[™] (Apollo Endosurgery, Austin, TX, USA) was employed to place three sutures for tissue approximation (Video 1).

The resection was completed successfully without complication. Histopathology revealed a tubulovillous adenoma with focal high-grade dysplasia, and all margins were confirmed to be free of neoplasia.

The Dilumen C1[®] Platform may enhance traction-countertraction in the management of LSTs, potentially shortening procedural times. While typically used in the upper gastric tract, the OverStitch[™] system has shown effective closure of muscular defects in the rectum. Future research may endorse these results and assess the platform's role in promoting broader adoption of ESD.

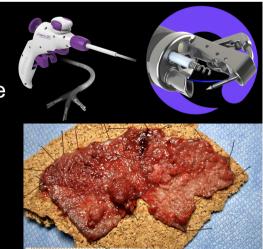
AUTHOR CONTRIBUTIONS

Attila Ulkucu: Conceptualization; investigation; writing – original draft; writing – review and editing; visualization; validation; methodology; software; formal analysis; project administration; supervision; resources; data curation. Kamil Erozkan: Software; formal analysis; validation; writing – review and editing; project administration. Emre Gorgun: Conceptualization; investigation; writing – original draft; writing – review and editing; validation; methodology; formal analysis; project administration; resources; supervision.

FUNDING INFORMATION

This study did not receive any grants or financial assistance.

One Step Closer to a Fully Flexible Platform: Overstitch and DiLumen C1 systems



VIDEO 1 Endoluminal Surgery-A Leap forward

This study was presented as a video abstract at the Digestive Diseases Week Annual Meeting, held on 18-21 May 2024, in Washington, DC, USA.

© 2024 Association of Coloproctology of Great Britain and Ireland.



CONFLICT OF INTEREST STATEMENT

AU and KE declare no conflicts of interest. EG is a consultant for Vascular Technology, DiLumen, Boston Scientific and Olympus.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

Hereby, Attila Ulkucu, Kamil Erozkan, and Emre Gorgun consciously assure that for the article titled 'One step closer to a fully flexible platform: OverStitch and DiLumen C1 systems—A video vignette', the following are fulfilled: this manuscript has not been submitted for publication in any other platform; the authors have declared their conflict of interest and do not have any other related financial ties to disclose; all authors have seen and approved the manuscript; this study represents our original work, which was conducted ethically and in compliance with the institutional review board guidelines.

> Attila Ulkucu 💿 Kamil Erozkan 💿 Emre Gorgun

Colorectal Surgery, Digestive Disease and Surgery Institute, Cleveland Clinic, Cleveland, Ohio, USA

VIDEO CORRESPONDENCE

Correspondence

Emre Gorgun, Colorectal Surgery, Digestive Disease and Surgery Institute, Cleveland Clinic, 9500 Euclid Avenue A-30, Cleveland, OH 44195, USA. Email: gorgune@ccf.org

ORCID

Attila Ulkucu https://orcid.org/0000-0003-2820-2686 Kamil Erozkan https://orcid.org/0000-0003-2193-9984

REFERENCES

- Fujiya M, Tanaka K, Dokoshi T, Tominaga M, Ueno N, Inaba Y, et al. Efficacy and adverse events of EMR and endoscopic submucosal dissection for the treatment of colon neoplasms: a meta-analysis of studies comparing EMR and endoscopic submucosal dissection. Gastrointest Endosc. 2015;81(3):583–95. https://doi.org/10. 1016/j.gie.2014.07.034
- Tatar C, Ozgur I, Justiniano CF, Bhatt A, Liska D, Hull T, et al. Is endoscopic submucosal dissection for colorectal lesions performed in the endoscopy suite safe and cost saving? Surg Laparosc Endosc Percutan Tech. 2022;32(6):688–91. https://doi.org/10.1097/SLE. 000000000001118
- Kelley KA, Tsikitis VL. Endoluminal therapy in colorectal cancer. Clin Colon Rectal Surg. 2016;29(3):216–20. https://doi.org/10. 1055/s-0036-1584287
- Kantsevoy SV, Bitner M, Hajiyeva G, Mirovski PM, Cox ME, Swope T, et al. Endoscopic management of colonic perforations: clips versus suturing closure (with videos). Gastrointest Endosc. 2016;84(3):487-93. https://doi.org/10.1016/j.gie.2015.08.074