



A



B



C

**FIGURE 345-7 Flat serrated polyp in the cecum.** **A.** Appearance of the lesion under conventional white-light imaging. **B.** Mucosal patterns and boundary of the lesion enhanced with narrow band imaging. **C.** Submucosal lifting of the lesion with dye (methylene blue) injection prior to resection.

interventions. Some NOTES procedures, such as percutaneous endoscopic gastrostomy (PEG) or endoscopic necrosectomy of pancreatic necrosis, are well-established clinical procedures (see Video 346e-2); others, such as per-oral endoscopic myotomy (POEM) and endoscopic full-thickness resection of gastrointestinal mural lesions (Fig. 345-17, see Video 346e-3), are emerging as viable clinical therapeutic options; and still others, such as endoscopic appendectomy, cholecystectomy, and tubal ligation, are in development, and their ultimate clinical

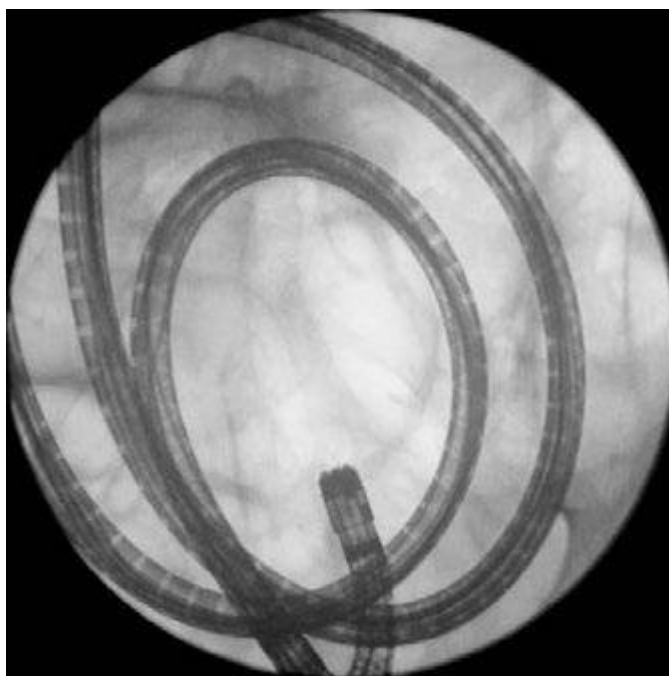


**FIGURE 345-8 Capsule endoscopy image** of jejunal vascular ectasia.

application is presently unclear. NOTES is currently an area of intense innovation and endoscopic research.

#### ENDOSCOPIC RESECTION AND CLOSURE TECHNIQUES

Endoscopic mucosal resection (EMR) (see Video 346e-4) and endoscopic submucosal dissection (ESD) (Fig. 345-18, see Video 346e-5) are two commonly used techniques for the resection of benign and early-stage malignant gastrointestinal neoplasms. In addition to providing larger specimens for more accurate histopathologic assessment and diagnosis, these techniques can be potentially



**FIGURE 345-9 Radiograph of a double-balloon enteroscope** in the small intestine.