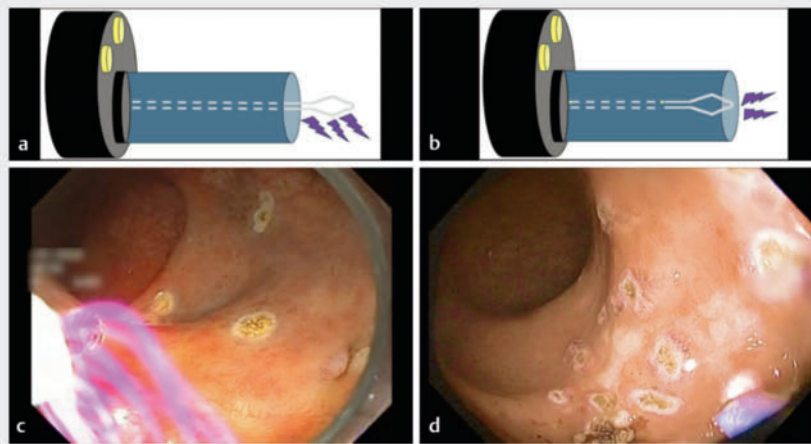


A novel treatment for radiation proctopathy using monopolar spray coagulation with a polypectomy snare tip

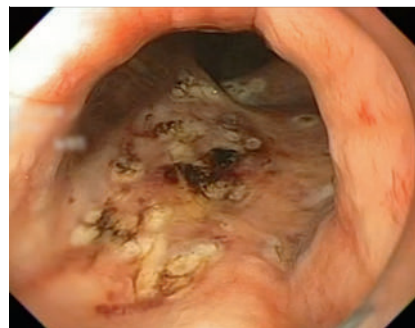
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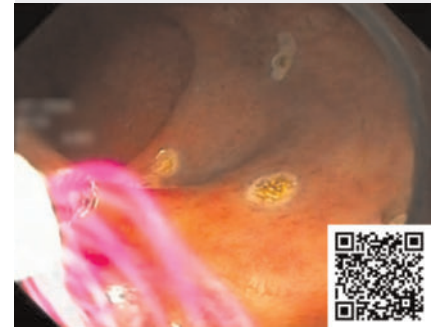
► **Fig. 1** Different beam spreads according to snare-tip exposure. **a, c** Minimal snare-tip exposure (1–2 mm) with lateral beam spreading. **b, d** Snare tip under the sheath with forward beam spreading.



► **Fig. 2** Oozing bleeding due to radiation proctopathy.



► **Fig. 3** Final aspect after snare-tip spray coagulation of rectal angiodysplasia.



► **Video 1** Treatment for radiation proctopathy using monopolar spray coagulation with a polypectomy snare tip.



► **Fig. 4** Follow-up colonoscopy after 4 weeks of spray coagulation hemostasis.

Radiation proctopathy (RP) is recognized as injury to the rectum due to pelvic radiotherapy [1]. A variety of endoscopic therapies have been used for the management of bleeding from chronic RP, and argon plasma coagulation (APC) is probably the most widely used technique [2]. Spray coagulation (SC) is a novel, non-contact technique for treating vascular lesions. Like APC, SC uses monopolar diathermy to achieve precise, superficial tissue penetration through the tip of a conventional polypectomy snare [3].

However, SC offers several advantages, such as eliminating the need for argon gas, specialized catheters, and dedicated generators, making it more accessible and easier to perform [1]. During APC, bowel distension and catheter malfunction can occur. The snare-tip SC technique addresses these challenges by providing comparable thermal effects using only a polypectomy snare and spray-mode coagulation (Effect 1, 40 watts). Preclinical data suggest that SC achieves tissue penetration like APC,

ensuring effective hemostasis while maintaining a high level of safety profile [4].

This technique reduces equipment dependency and procedural costs, making it an attractive option, especially in resource-limited settings. The snare-tip SC technique requires a 2–3 mm distance from the lesion. Two configurations are possible: exposing 1–2 mm of the snare tip, so the beam spreads laterally (► **Fig. 1 a, c**), or keeping the snare tip inside the sheath, so the beam spreads forward (► **Fig. 1 b, d**) [5].

The next video (► **Video 1**) shows a male patient with rectal bleeding after radiotherapy (► **Fig. 2**) due to prostate cancer and aims to show the snare-tip SC technique for treating RP (► **Fig. 3**). Follow-up colonoscopy after 4 weeks shows healing ulcers with adequate endoscopic and clinical response (► **Fig. 4**). More clinical studies are needed to establish its safety and efficacy.

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Conflict of Interest

F.M.F. reports consulting fees from Olympus, Boston Scientific, Medtronic, and Cook. The other authors have no conflicts of interest to declare.

The authors

Diego Cadena-Aguirre¹, **Luciano Lenz¹**, **Marcelo Simas de Lima¹**, **Amanda Aquino Miranda Pombo¹**, **Rafael Sartori Balbinot¹**, **Adriana Vaz Safatle-Ribeiro¹**, **Fauze Maluf-Filho¹**

¹ Instituto do Câncer do Estado de São Paulo, University of São Paulo, São Paulo, Brazil

Corresponding author

Diego Cadena-Aguirre, MD
Instituto do Câncer do Estado de São Paulo,
University of São Paulo, Av. Dr. Enéas de
Carvalho Aguiar, 255. Cerqueira César,
01246-000 São Paulo, Brazil
diegocadena.a@gmail.com

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Georg Thieme Verlag KG, Oswald-Hesse-Str. 50,
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