

## Transcolonic endoscopic appendectomy: a novel natural orifice transluminal endoscopic surgery (NOTES) technique for the sessile serrated lesions involving the appendiceal orifice

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**Figure 1 Transcolonic endoscopic appendectomy for the sessile serrated lesion involving the appendiceal orifice[35].** A: Three-dimensional reconstruction images showing the appendix (yellow arrow) and adjacent bowels and vessels; B: An endoscopic white-light image showing the sessile serrated lesion (SSL) involving the appendiceal orifice (AO); C: An image from chromoendoscopy following indigo carmine dye spraying clearly showing the SSL; D: An intraprocedural view showing endoscopic full-thickness resection of the cecum tissue around the AO; E: Endoscopic dissection of the mesoappendix along the appendix by an insulated-tipped knife; F: The cecal defection; G: An intraprocedural endoscopic image showing clips and endoloop used for closing the cecal defect (yellow arrow: The dental-floss assistance); H: The cecal defect was perfectly closed by clips and endoloop after transcolonic endoscopic appendectomy; I: The specimen was calculated and examined; J: An endoscopic follow-up image showing the cecum 3 months after discharge (yellow arrow: The wound healing scar); K:

Pathological confirmation and diagnosis of the SSL (bar: 100  $\mu$ m): Increased gland diameter and enlarged opening; microbubble-like mucous cells; jagged crypts, widened and inverted crypt base. Citation: Chen T, Xu A, Lian J, Chu Y, Zhang H, Xu M. Transcolonic endoscopic appendectomy: a novel natural orifice transluminal endoscopic surgery (NOTES) technique for the sessile serrated lesions involving the appendiceal orifice. *Gut* 2021; 70: 1812-1814. Copyright ©The Author(s) 2021. Published by BMJ (Supplementary material).

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### **Endoscopic management of multiple sessile serrated lesions in both the ileocecal region and the appendix cavity**

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**Figure 2 Single-use cholangioscope-assisted diagnosis of sessile serrated lesions within the appendix[7].** A: The colonoscopy revealed a 20-mm laterally spreading tumor in the ileocecal region; B: A cholangioscope was utilized to further examine the appendix; C: The rough, granular mucosa was unveiled within the appendix cavity; D: The removed appendix. Citation: Yao J, Liu K, Zhao G, Wang Z, Wang X, Fu J. Endoscopic management of multiple sessile serrated lesions in both the ileocecal region and the appendix cavity. *Endoscopy* 2024; 56: E841-E842. Copyright ©The Author(s) 2024. Published by Thieme (Supplementary material).