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Figure 1 – Endoscopic image of the 20 mm non-granular laterally spreading tumor in the descending colon
Figure 2 – A: The ‘target sign’ was observed after endoscopic mucosal resection of the colonic lesion; **B:** The defect in the muscularis propria (‘target sign’) was closed by endoscopic clipping.

A 68-year-old man underwent an *en bloc* endoscopic mucosal resection (EMR) of a 20 mm non-granular laterally spreading tumor, type 0-IIa of the Paris classification, in the descending colon (Fig. 1).

During the procedure, unintentional resection of the *muscularis propria* (‘target sign’) was observed immediately (Fig. 2A); the defect was closed by endoscopic clipping using four clips (Fig. 2B); no clinical or radiologic signs of the pneumoperitoneum were present. The patient was discharged two days later, completely asymptomatic.

Colonic perforation may occur in 2% - 10% of patients

undergoing colonic EMR and endoscopic submucosal dissection.¹ Commonly, diagnosis is delayed and depends on clinical and radiologic findings.²

The ‘target sign’ white center (*muscularis propria* and/or serosa) with surrounding stained area (stained submucosa),¹ is an endoscopic marker for resection of the *muscularis propria* and indicates a potential colonic perforation.³

Recognition of the ‘target sign’ allows prompt endoscopic diagnosis and management of potential colonic perforation.^{1,3}

REFERENCES

1. Kantsevov SV. The target sign: a new weapon for early diagnosis of colonic perforation during EMR. *Gastrointest Endosc.* 2011;73:86-8.
2. Hainaux B, Agneessens E, Bertinotti R, De Maertelaer V, Rubesova E, Capelluto E, et al. Accuracy of MDCT in predicting site of gastrointestinal tract perforation. *AJR Am J Roentgenol.* 2006;187:1179-83.
3. Swan MP, Bourke MJ, Moss A, Williams SJ, Hopper A, Metz A. The target sign: an endoscopic marker for the resection of the muscularis propria and potential perforation during colonic endoscopic mucosal resection. *Gastrointest Endosc.* 2011;73:79-85.

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