Tissue Removal Assessment

A major benefit of mucosal resection with submucosal saline injection is:

* **Thermal buffer to the deeper layers of the stomach or bowel wall**
  + Feedback: Correct, the thermal buffer is important to reducing damage to other tissues.
* Excellent visualization of the pathology
  + Feedback: Visualization is not a benefit of saline injection.
* Reduced risk of bleeding
  + Feedback: The risk of bleeding is the same as other methods.
* Reduced risk of ulceration
  + Feedback: The risk of ulceration is higher for saline injection.

For sampling suspected infiltrating gastric submucosal pathology such as lymphoma, large particle biopsy has largely been replaced by:

* Cold biopsy
  + Incorrect. Cold biopsy is no longer recommended for sampling suspected infiltrating gastric submucosal pathology.
* Brush cytology
  + Incorrect.
* Jumbo biopsy forceps
  + Incorrect. Jump biopsy forceps are only used for specialized situations.
* **EUS-guided imaging and tissue sampling methods**
  + Correct. EUS-guiding is the leading method for large particle biopsy.

The most appropriate ablative technique to use in the cecum is:

* Nd:Yag laser
  + Incorrect. The Nd:Yag is not appropriate for cecum ablation.
* Absolute alcohol injection
  + Incorrect: Absolute alcohol injection is largely unsuccessful in the cecum.
* Photodynamic therapy
  + Incorrect: Photodynamic therapy cannot be used in the cecum.
* **S**
  + Correct: Argon plasma coagulation is most appropriate.