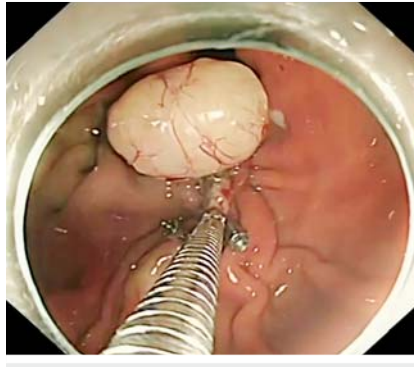


Simultaneous incision and suturing of a large wound in the full-layer resection of stromal tumor under the traction of a snare – a new method of endoscopic suturing

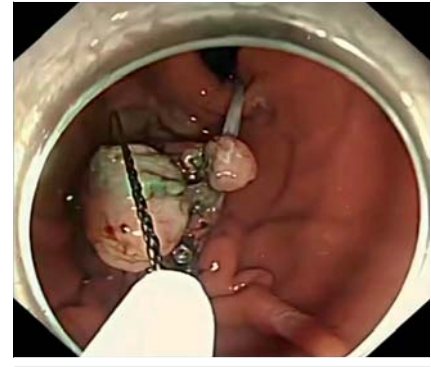
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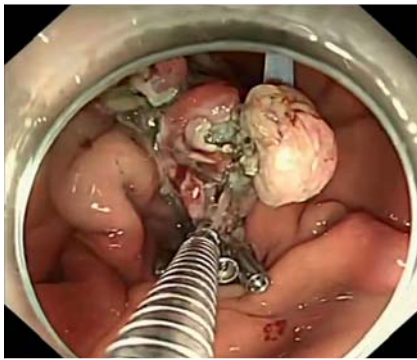
► **Fig. 1** A stromal tumor, approximately 1.7 × 1.7 cm in size, was identified in the fundus of the stomach.



► **Fig. 2** The fully incised gastric wall was sutured with clips close to the tumor.



► **Fig. 3** The tumor was covered and removed with another snare, and the traction of the snare was maintained.



► **Fig. 4** The position of the traction snare was adjusted to fully expose the wound with clips to stitch the wound.



► **Fig. 5** Endoscopy showed good recovery of the wound.

A 67-year-old woman with abdominal distension underwent endoscopy and computed tomography examination, in which a stromal tumor, approximately 1.7 × 1.7 cm in size, was identified in the fundus of the stomach. Most of the tumor was in the serosal layer (► **Fig. 1**), and therefore traditional endoscopic full-thickness resection could not remove the tumor [1,2].

After submucosal injection, a DualKnife (Olympus, Tokyo, Japan) was used to cut the mucosa along the base of the tumor, then an IT knife (Olympus) was used to expose the tumor. We used a snare as a method of external traction, and part of

the mucosa on the surface of the tumor was caught. We pulled the snare out of the endoscope by using alternating clamping of the forceps and kept the snare trapping the mucosa. Extracorporeal traction was performed using the snare to promote tumor exposure. The tumor was separated until it was completely pulled into the gastric cavity. Pulling the serosal mass into the gastric cavity inevitably created a large wound. Because it was difficult to suture the large wound after simple removal of the tumor, we used synchronous incision and suture to remove the tumor. After suturing the fully incised gastric wall with clips close

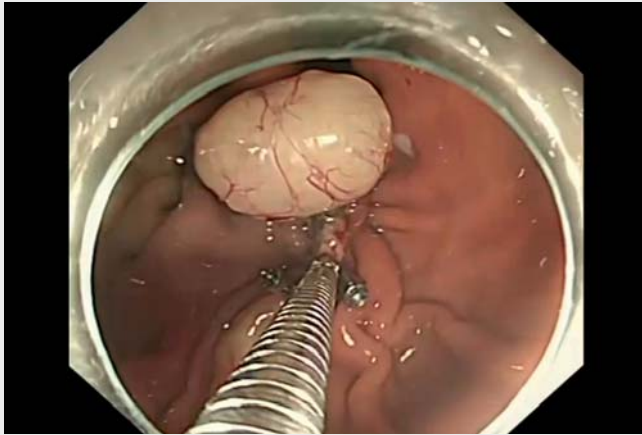
to the tumor (► **Fig. 2**), the tumor was covered and removed with another snare, and the traction of the snare was maintained (► **Fig. 3**). The position of the traction snare was adjusted to fully expose the wound with clips to stitch the wound (► **Fig. 4**). Eventually the tumor was perfectly and completely removed. Half a year later, endoscopy showed good recovery (► **Fig. 5**).

We use the method of synchronous incision suture to ensure that the tumor growing in the serosal layer is peeled off and pulled into the gastric cavity while facilitating wound suturing (► **Video 1**), which is a method worth promoting.

Endoscopy_UCTN_Code_TTT_1AO_2AC

Competing interests

The authors declare that they have no conflict of interest.



Video 1 Simultaneous incision and suturing of a large wound in the full-layer resection of an extragastric stromal tumor under the traction of a snare in a 67-year-old woman.

Bibliography

Endoscopy 2023; 55: E222–E223

DOI 10.1055/a-1956-2370

ISSN 0013-726X

published online 18.11.2022

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