A 61-year-old man was referred for an iron-deficiency anemia diagnostic process. Upper gastrointestinal endoscopy was performed and fortuitously revealed a small gastric subepithelial lesion. Endoscopic ultrasound (EUS) characterization revealed a solid lesion, with fusiform morphology, well-defined by smooth edges and an hypoechoic homogeneous internal pattern, measuring 12.3 × 5.8 mm, and originating in the muscularis propria layer, which confirmed a subepithelial tumor (▶ Fig. 1). With the aim of avoiding EUS surveillance of the subepithelial tumor, a minimally invasive removal technique was planned [1 – 3]. Endoscopic band ligation of the subepithelial tumor was done using a Captiva-tor endoscopic mucosal resection standard gastroscope device (Boston Scientific, Quincy, Massachusetts, USA) combined with a single-incision needle knife (SINK) biopsy (XL Triple-lumen needle knife; Boston Scientific; and pure-cut 90-W, Beamer CE600; ConMed, Utica, New York, USA). A standard videogastroscope was used, and four biopsy samples were obtained (Radial Jaw large capacity biopsy forceps; Boston Scientific) (▶ Fig. 2). The patient remained in hospital for 24 hours and was called at 48 hours and 7 days after the procedure, with no incidents or adverse events being reported (▶ Video 1). Pathological and immunohistochemistry examination revealed a fascicular proliferation of fusiform eosinophilic cells, negative for CD117 (c-kit) and DOG1, and positive for desmin and caldesmon, corresponding to the diagnosis of a leiomyoma (▶ Fig. 3).

The first EUS control, at 5 weeks after the procedure, revealed a complete disappearance of the subepithelial tumor features, showing a discreet eschar (simple biopsy with 4 samples, showing normal gastric mucosa). Long-term EUS control at 1 year showed that the subepithelial tumor had vanished, confirming the successful result and allowing discontinuation of endoscopic surveillance (▶ Fig. 4).
Endoscopic band ligation combined with SINK biopsy seems to be an effective minimally invasive technique that is safer than endoscopic resection for treating a gastric subepithelial tumor originating in the muscularis propria [4, 5].

**Endoscopy_UCTN_Code_TTT_1AO_2AG**

**Competing interests**

None

**The authors**

Francesc Bas-Cutrina¹, Claudia F. Consiglieri¹, Jan Bosch-Schips², Joan B. Gornals¹,³

¹ Endoscopy Unit, Department of Digestive Diseases, Hospital Universitari de Bellvitge-IDIBELL, University of Barcelona, Catalonia, Spain.

² Department of Pathological Anatomy, Hospital Universitari de Bellvitge-IDIBELL, University of Barcelona, Catalonia, Spain.

³ Faculty of Health Sciences, Universitat Oberta de Catalunya, Barcelona, Catalonia, Spain

**Corresponding author**

Joan B. Gornals, MD, PhD

Endoscopy Unit, Department of Digestive Diseases, Hospital Universitari de Bellvitge-IDIBELL (Bellvitge Biomedical Research Institute), Feixa Llarga s/n, 08907 L’Hospitalet de Llobregat, Barcelona, Catalonia, Spain

Fax: +34–93–2607681

jgornals@bellvitgehospital.cat

**References**


**Bibliography**

DOI https://doi.org/10.1055/a-0875-3958

Published online: 12.4.2019

Endoscopy 2019; 51: E191–E192

© Georg Thieme Verlag KG

Stuttgart · New York

ISSN 0013-726X

**ENDOSCOPY E-VIDEOS**

https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at

https://mc.manuscriptcentral.com/e-videos

**Fig. 4** Endoscopic view of gastric wall 1 year after the procedure, showing no sign of the subepithelial tumor.

**Video 1** Endoscopic band ligation without resection, plus single-incision needle knife biopsy, for a gastric subepithelial tumor.