A novel endoscopic treatment for giant gastric bezoars: guidewire-based seesaw-type fragmentation using a specific bezoaratom kit

Although gastrointestinal endoscopy is the routine treatment for small gastric bezoars [1], management of massive bezoars is always difficult even with a specific lithotriptor [2], electrohydraulic lithotripsy [3] or laser fragmentation [4]. At present, surgery is the remedy treatment for such massive bezoars. However, contamination of the peritoneal cavity and remnant bezoars are major problems in surgical treatment [5]. To solve these problems, we established a novel endoscopic guidewire-based seesaw-type lithotripsy of massive gastric bezoars using a specific bezoaratom kit (▶Fig. 1, ▶Video 1).

The patient was a 70-year-old woman with a history of epigastric pain, nausea, and vomiting over 3 months. The gastrointestinal endoscopy revealed a giant yellowish bezoar, 10 cm in diameter, in the gastric corpus (▶Fig. 2a). The giant gastric bezoar was subjected to the novel endoscopic seesaw-type fragmentation with a specific bezoaratom kit. The guidewire was folded and inserted into the stomach. Under endoscopic guidance, after the giant bezoar was successfully trapped by the guidewire, the lithotriptor sheath was introduced to tightly hold the bezoar (▶Fig. 2b). Through several seesaw-type motions of the guidewire and counter movements of the sheath, the giant bezoar was successfully cut into small pieces (▶Fig. 2c) and then extracted using a string bag (▶Fig. 2d). Complete extraction of the bezoar was achieved in a single endoscopy session (▶Fig. 2e) without any damage to the gastric mucosa (▶Fig. 2f). The total procedure time was only 20 minutes and no post-procedural complications were registered.

In this case, we applied guidewire-based seesaw-type lithotripsy using a specific bezoaratom kit to completely remove a giant bezoar. This novel strategy is very safe and effective to break up the bezoar in a short time, is generally economic as it uses regular instruments, and can be easily manipulated by nonexperienced endoscopists.

Competing interests
None
The authors

Xiao Hu1,2,* | Ren-yi Zhang1,2,* | Wei-hui Liu1,2
1 Department of Gastroenterology and Hepatology, Sichuan Academy of Medical Sciences and Sichuan Provincial People’s Hospital, Chengdu, China
2 School of Medicine, University of Electronic Science and Technology of China, Chengdu, China

Corresponding author

Wei-hui Liu, MD
Department of Gastroenterology and Hepatology, Sichuan Academy of Medical Sciences and Sichuan Provincial People’s Hospital, 32 First Ring Road, Chengdu, Sichuan Province 610072, China
Fax: +86-28-86571251
audiliu12@163.com

* These authors contributed equally to this work.

References


Bibliography
DOI https://doi.org/10.1055/a-0982-2661
Published online: 2019
Endoscopy
© 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. 2 The process of removing a giant gastric bezoar using the specific bezoaratom kit. a A giant gastric bezoar located in the mid-body of the stomach. b The giant bezoar was trapped by the guidewire-formed snare with the help of the sheath. c The giant bezoar was successfully fragmented by the specific bezoaratom kit through seesaw-type movements, with or without the lithotriptor handle. d The small fragments of the giant bezoar were sequentially extracted using the string bag (JiuHong Co., Changzhou, China). e The bezoar was safely and completely removed under flexible overtube guidance. f The gastric mucosa was intact after removal of the bezoar.