Traction-assisted endoscopic submucosal dissection for a gastric lesion involving the pyloric ring and duodenal bulb

An 81-year-old woman underwent an upper gastrointestinal endoscopy because of anemia. Two lesions were detected: a 30-mm type 0-Ip located in the lesser curvature of the antrum, and a 25-mm type 0-Is involving the upper hemisphere of the pylorus and the proximal duodenal bulb. Biopsy specimens revealed hyperplastic polyp and adenocarcinoma, respectively. Endoscopic submucosal dissection (ESD) was proposed (▶ Video 1). The procedure was performed using an insulated-tipped knife (IT-knife 2; Olympus, Tokyo, Japan), with the patient under deep sedation. First, a submucosal injection on the distal part was performed and initial approach to the lesion from the duodenal bulb was attempted; however, neither the forward nor retroflexion view allowed a good endoscopic approach to the lesion. Therefore, clip traction was performed using dental floss, pulling the whole lesion into the gastric lumen (▶ Fig. 1). ESD was accomplished from the distal to the proximal side (▶ Fig. 2), achieving en bloc resection of both lesions on the same pathological specimen (▶ Fig. 3). At the end of ESD, moderate bleeding was observed from two vessels in the scar, and five hemoclips were applied for successful hemostasis (▶ Fig. 4). Major nonbleeding vessels were coagulated using Coagrasper Hemostatic Forceps (Olympus) to prevent delayed hemorrhage. The procedure time was 60 minutes. The patient did not develop complications and was discharged after 3 days. Histopathological examination revealed a hyperplastic polyp without dysplasia in the 30-mm lesion, and a moderately differentiated intramucosal adenocarcinoma, without lymphovascular invasion and with negative horizontal margins in the 25-mm lesion (expanded curative criteria).

The pylorus and duodenal bulb have been reported among the most challenging locations for performing ESD, with a greater risk of complications [1–3]. The complete resection rate decreases for tumors that are located in the upper hemisphere, have duodenal extension, and have a large circumferential extent of resection [3]. Different traction systems have been developed to assist ESD.
Among them, dental floss and clip traction is a simple, feasible, and cost-effective method that allows the procedure time to be shortened while achieving en bloc resection [4, 5].

Endoscopy_UCTN_Code_TTT_1AO_2AN

Competing interests
None

The authors
Marta Rodríguez-Carrasco1, Gonçalo Nunes2, Diogo Libânio1,3, Pedro Pimentel-Nunes1,3,4, Mário Dinis-Ribeiro1,3
1 Gastroenterology Department, Portuguese Oncology Institute of Porto, Porto, Portugal
2 Gastroenterology Department, Hospital Garcia de Orta, Almada, Portugal
3 MEDCIDS – Department of Community Medicine, Information and Decision in Health, Faculty of Porto, University of Medicine, Porto, Portugal
4 Surgery and Physiology Department, Faculty of Medicine of the University of Porto, Porto, Portugal

Corresponding author
Marta Rodríguez-Carrasco, MD
Gastroenterology Department, Portuguese Oncology Institute of Porto, Rua Dr. Bernardino de Almeida, 4200-072 Porto, Portugal
Fax: +351-22-5513646
martarc7@gmail.com

References

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 After completing the resection, moderate bleeding was observed from two vessels in the scar, and five hemoclips were applied.