A 60-year-old woman was referred for endoscopic resection of two 5-mm gastric subepithelial lesions (▶Fig. 1) incidentally found during a screening endoscopy. Abdominal computed tomography (CT) revealed no lesions. The lesions were hypoechoic and originated from the muscle layer on endoscopic ultrasonography and were undetected on the endoscopy performed 5 years before. Follow-up was advised owing to the small lesions, but the patient requested an endoscopic resection to further clarify the nature of the tumor. Endoscopy was performed after coagulation marking on the lesion (▶Fig. 1, right). Two padlock clips (Steris, Mentor, Ohio, USA) were placed after suction of the targeted lesions (▶Fig. 2, left). The lesion with the overlying mucosa was removed using single-step hot snare resection (▶Fig. 2, right;▶Video 1). Both tumors were completely resected (▶Fig. 3). Abdominal radiography revealed no perforation (▶Fig. 4). The patient received a restricted diet and was discharged the next day. Pathological examination revealed that the lesion from the gastric cardia was a gastrointestinal stromal tumor [CD 117 (+), Dog1 (+), CD 34 (+), desmin (−), and S-100(−)] and the other one from the body was a leiomyoma [CD 117 (−), Dog1 (−), CD 34 (−), desmin (+), and S-100 (−)].

A subepithelial lesion of the stomach is a common incidental finding during endoscopy especially for lesions < 2 cm in size [1, 2]. Surveillance endoscopy is recommended owing to the low risk of disease progression, but patient compliance is poor [3]. Leiomyoma and gastrointestinal stromal tumor (GIST) are the two leading causes of subepithelial lesions arising from the muscle layer. While leiomyomas are almost benign, larger GISTs have a malignant potential. Endoscopic or radiological differentiation of the two conditions is difficult as demonstrated in this case. Several endoscopic
Resection techniques were proposed for such lesions but are technically demanding [1], with a high perforation risk. This case demonstrates the usefulness of over-the-scope clips [4] as an easy treatment method for small subepithelial lesions.

Endoscopy_UCTN_Code_TTT_1AO_2AG

Funding
Changhua Christian Hospital, http://dx.doi.org/10.13039/501100007632 109-CCH-IRP-008

Competing interests
The authors declare that they have no conflict of interest.

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Endoscopy
DOI 10.1055/a-1493-2004
ISSN 0013-726X
published online 2021 © 2021. Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

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Fig. 4 Abdominal X-ray after placement of two padlock clips.