A 70-year-old gentleman was admitted with a suspected gastric submucosal tumor (SMT) detected by abdominal contrast computed tomography (CT) (Fig. 1) performed to investigate his complaints of dull pain in the abdomen. Preoperative endoscopic ultrasonography (EUS) helped to confirm and locate the lesion after repeated esophagogastroduodenoscopy revealed nothing (Fig. 1). Endoscopic intraperitoneal subserosal dissection technique was employed in this case. Details of the steps are shown in Fig. 2 and Video 1, including mucosal incision, submucosal tunneling, intraperitoneal subserosal dissection, removal of the lesion, and mucosal closure. The pathological diagnosis was gastrointestinal stromal tumor (GIST) (WHO, Digestive System Tumours, 5th edn.), prognostic group 1. Intravenous antibiotics were given for 1 day after operation. The gastric tube was removed on postoperative day (POD) 2, fluid diet was resumed on POD3, and on POD7 the patient was discharged.

For smaller SMTs deriving from muscularis propria, endoscopic full-thickness resection (EFTR) has comparable feasibility, safety, and effectiveness to surgical resection and, what’s more, with less invasiveness, quicker recovery, and lower costs [1, 2]. However, for SMTs with a predominantly extraluminal growth pattern, EFTR is sometimes difficult to perform because of the high mobility of the tumor and the limited view from the gastric cavity. The submucosal tunneling endoscopic resection technique is suitable for predominantly extraluminally growing SMTs [3], but its use is sometimes limited by the location of the lesion. When the tumor lies in an angled position such as the lesser curvature of the antrum, as in the present case, or the greater curvature of the corpus, difficulty arises in creating a submucosal tunnel towards it. To overcome these disadvantages, our recently reported new technique, called endoscopic intraperitoneal subserosal dissection, offers a potential solution in such a case [4]. How to locate the lesion precisely also remained a problem, when the small tumor could not be observed under esophagogastroduodenoscopy. CT provides little reference, for the anatomic landmarks in tomographic imaging differ from those under esophagogastroduodenoscopy. CT provides little reference, for the anatomic landmarks in tomographic imaging differ from those under esophagogastroduodenoscopy. Endoscopy_UCTN_Code_CCL_1AB_2AG_3AB

Funding

Science and Technology Commission of Shanghai Municipality
http://dx.doi.org/10.13039/501100003399
19441905200
National Natural Science Foundation of China
http://dx.doi.org/10.13039/501100001809
82003074
Competing interests

The authors declare that they have no conflict of interest.

References


Competing interests

The authors declare that they have no conflict of interest.

Corresponding author

Ping-Hong Zhou, MD
Endoscopy Center and Endoscopy Research Institute, Zhongshan Hospital, Fudan University, Shanghai, China
ph.zhou@yahoo.com

Endoscopic intraperitoneal subserosal dissection for a 70-year-old gentleman.

Video 1 Endoscopic intraperitoneal subserosal dissection after endoscopic ultrasonography-assisted location of an extraluminally growing stromal tumor in a 70-year-old gentleman.

Endoscopic ultrasonography

A clip was anchored under linear EUS guidance.

Video 1 Endoscopic intraperitoneal subserosal dissection after endoscopic ultrasonography-assisted location of an extraluminally growing stromal tumor in a 70-year-old gentleman.

Chicago "Rising Stars of Medical Talent" Youth Development Program (Youth Medical Talents – Specialist Program) SHWJRS (2021)-99
Shanghai Municipal Education Commission http://dx.doi.org/10.13039/501100003395 18CG07

These authors share first authorship.