Clip-anchoring technique: a fast, cheap, and efficient way to close a gastric peroral endoscopic pyloromyotomy tunnel

Gastroparesis is a condition characterized by delayed gastric emptying. Gastric peroral endoscopic pyloromyotomy (G-POEM) is a treatment option for refractory gastroparesis. The technique is similar to the esophageal peroral endoscopic myotomy. However, tunnel closure may be difficult because of the gastric mucosa stretching at the end of the procedure.

We report here the case of a 38-year-old woman suffering from severe diabetic gastroparesis. She had already undergone unsuccessful pyloric botulinum toxin injections. The gastric emptying time was 146 minutes at preoperative scintigraphy.

We decided to perform a G-POEM (Video 1). After the submucosal injection, a 1-cm incision was made using an Endocut I effect 2 current, 5 cm above the pylorus. Immediately after, the same current was used to make three small incisions on each side of the tunnel entrance (Fig. 1) to allow clip anchoring at the end of the procedure. The rest of the procedure was a standard G-POEM: after the submucosal trimming inside the tunnel to the pyloric arch, a deep pyloromyotomy was made. The previously made incisions were used to place three clips to ease the tunnel closure (clip anchoring technique, Fig. 2, Fig. 3, Fig. 4). The overall procedure lasted 25 minutes and the tunnel closing lasted 3 minutes. There were no complications after the procedure, except an early dumping syndrome the day after the procedure, which is a common adverse event after a G-POEM.

To our knowledge, this is the first ever case report showing the clip-anchoring technique to close a G-POEM tunnel. This technique is effective and easy. It is also cheaper than the use of over-the-scope clips recently described.
Competing interests

The authors declare that they have no conflict of interest.

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