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

Gastric peroral endoscopic pyloromyotomy (G-POEM) is a treatment option for refractory gastroparesis [1]. The technique is similar to the esophageal peroral endoscopic myotomy [2]. 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 [3].

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 [4].

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Competing interests

The authors declare that they have no conflict of interest.

The authors

Lucile Héroin¹, Mathieu Pioche², Pierre Lafeuille², Jérémie Jacques³, Martin Bordet⁴, Pierre Mayer¹, Thomas Lambin²

¹ Gastroenterology and Hepatology Unit, Hôpitaux Universitaires de Strasbourg, Strasbourg, France
² Department of Endoscopy and Hepato-Gastroenterology, Pavillon L, Edouard Herriot Hospital, Lyon, France
³ Gastroenterology and Endoscopy Unit, Dupuytren University Hospital, Limoges, France
⁴ Department of Gastroenterology, University Hospital of Rennes, Pontchaillou, Rennes, France

Corresponding author

Lucile Héroin, MD
Gastroenterology and Hepatology Unit,
Hôpitaux Universitaires de Strasbourg,
1 quai Louis Pasteur, 67000 Strasbourg,
France
lucileheroin@gmail.com

References


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