Double-band ligation-assisted endoscopic submucosal resection for type 1 gastric neuroendocrine tumor with type A gastritis

A 72-year-old woman was diagnosed with a 10-mm type 1 gastric neuroendocrine tumor (NET) in the gastric body, associated with type A gastritis and diabetes mellitus (▶Fig. 1a). Endoscopic ultrasonography indicated that the lesion was confined to the submucosa. In order to resect the lesion completely with clean margins, we applied a double-band ligation-assisted endoscopic submucosal resection (dL-ESMR) technique.

The NET was sucked into the ligator to ensure that the entire submucosal lesion was completely contained. Two bands were then released successively below the lesion. Next, a snare was deployed under the second band for resection with Endocut Q (Effect 3, Cut duration 2, Cut interval 4) (▶Fig. 1b). The wound was clean, without bleeding or perforation (▶Fig. 1c). The whole process took about 10 minutes. Histological examination showed a grade 2 NET with submucosal invasion depth of 3798 μm. Both vertical and horizontal margins were negative (▶Fig. 1d).

Bas-Cutrina et al. reported that endoscopic band ligation without resection was a safe and effective option for management of small subepithelial tumors [1]. However, this approach did not allow complete pathology assessment. For larger gastric NETs, dL-ESMR can avoid damage to the muscularis propria while ensuring complete resection. Therefore, dL-ESMR may be successfully applied to treat larger gastric NETs, most of which involve the submucosa, as in the current case (▶Video 1).

Competing interests

The authors declare that they have no conflict of interest.

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Video 1 Double-band ligation-assisted endoscopic submucosal resection for type 1 gastric neuroendocrine tumor with type A gastritis.

Fig. 1 The process of double-band ligation-assisted endoscopic submucosal resection.

a A 10-mm type 1 gastric neuroendocrine tumor was located in the gastric body. b A snare was deployed under the second band for resection after releasing two bands successively. c No residual lesion, bleeding, or perforation was observed in the wound. d The histological appearance of the resected specimen showed a grade 2 neuroendocrine tumor with submucosal invasion depth of 3798 μm, while vertical and horizontal margins were negative.
Reference


Bibliography

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