Innovative endoscopic submucosal dissection for early gastric neoplasm using intralesional traction and snaring techniques

Various assistive techniques have emerged to improve the treatment outcomes of endoscopic submucosal dissection (ESD) for gastric neoplasms [1-5]. We report a novel use of assistive intralesional traction, combined with snaring, for gastric ESD (▶ Fig. 1a). ESD was used to resect a 10-mm gastric neoplasm located at the antrum (▶ Video 1). We used a multi-functional snare, a 20-mm snare with a distal tip (▶ Fig. 1b) capable of facilitating all ESD procedures including marking dot placement, mucosal incision, submucosal dissection, and snaring. After the circumferential mucosal incision, we placed the first clip, with a silicone band at the base, at the proximal margin of the lesion (▶ Fig. 2a); we subsequently placed the second clip at the distal margin of the lesion while hooking the silicone band (▶ Fig. 2b). The lesion was elevated by the intralesional traction force, enabling us to safely dissect the submucosa with ease under a favorable view of the submucosal layer (▶ Fig. 2c). As the submucosal dissection progressed, the lesion gradually recurred, but the intralesional traction force also decreased gradually. The decreased force indicated the need to switch from traction-assisted dissection to the efficient snaring technique (▶ Fig. 2d). Our traction-snare technique yielded a complication-free en-bloc resection. Intralesional traction force proved effective for submucosal dissection in the early phase of the procedure. Once the lesion was recurred, with only a small area attached to the submucosa, snaring became an effective option for resection. The combination of these two techniques streamlined both phases of the submucosal dissection. Furthermore, the two clips used to apply intralesional traction did not interfere with the subsequent snaring procedure. Our novel application of intralesional traction and snaring techniques present a possible means of significantly reducing the difficulty and risk involved in the ESD procedure.

Endoscopy_UCTN_Code_TTT_1AO_2AG

Competing interests

Eikichi Ihara participated in the funded research of Takeda Pharmaceutical Co., Ltd. and belongs to the endowed course supported by the companies mentioned, including Ono Pharmaceutical Co., Ltd., Miyarisan Pharmaceutical Co. Ltd., Sanwa Kagaku Kenkyusho Co., Ltd., Otsuka Pharmaceutical Factory, Inc., Fujifilm Medical Co., Ltd., and Eiyo Corporation, Fancl Corporation, and Ohga Pharmacy. Eikichi Ihara received a lecture fee from Takeda Pharmaceutical Co. The others have no conflicts of interest or financial ties to disclose.

The authors

Yoshihisa Shoguchi¹, Mitsuru Esaki¹,², Yosuke Minoda¹, Xiaopeng Bai¹, Haruei Ogino¹, Eikichi Ihara¹,², Yoshihiro Ogawa¹

¹Department of Medicine and Bioregulatory Science, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan
E-Videos

Video 1 Innovative endoscopic submucosal dissection for early gastric neoplasm using intralesional traction and snaring techniques.

Fig. 2 Schemata showing key steps of the intralesional traction and snaring techniques.

a The first clip with a silicone band was placed at the proximal margin of the lesion after circumferential mucosal incision. b The second clip was placed at the distal margin of the lesion and hooked into the silicone band. c The submucosal dissection was performed under a favorable view of the submucosal layer owing to the intralesional traction. d The recurred target lesion was snared with the small attachment area of the submucosal layer.

References


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Endoscopy
DOI 10.1055/a-1841-5907
ISSN 0013-726X
published online 2022
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Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

2 Division of Gastroenterology and Hepatology, Department of Medicine, Chiyoda-ku, Nihon University School of Medicine, Chiyoda-ku, Tokyo, Japan

3 Department of Gastroenterology and Metabolism, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Fukuoka, Japan

Mitsuru Esaki, MD
Department of Medicine and Bioregulatory Science, Graduate School of Medical Sciences, Kyushu University, 3-1-1, Maidashi, Higashi-ku, Fukuoka, Fukuoka, Japan
Fax: +81-92-642-5286
esaki_saiseikai@yahoo.co.jp