Gel immersion endoscopic mucosal resection for a gastric neoplasm with a background of fundic gland polyposis

Endoscopic submucosal dissection for a gastric neoplasm at the greater curvature of the upper gastric body with polyposis is challenging because of the ease of submersion in water, difficult mucosal incision due to background polyposis, and frequent bleeding during incision. Alternatively, conventional endoscopic mucosal resection (EMR) is a simple and convenient resection method. However, frequent piecemeal resection is concerning [1]. Here, we demonstrate gel immersion EMR for the aforementioned lesion.

A 42-year-old woman with Gardner syndrome underwent esophagogastroduodenoscopy, showing 15-mm and 5-mm whitish flat elevated lesions at the greater curvature of the upper gastric body with fundic gland polyposis (▶Fig. 1). Endoscopy with narrow-band imaging showed a regular surface pattern, suggesting gastric adenoma (▶Fig. 2), which was confirmed by biopsies. As these were non-invasive neoplasms, it was not necessary to dissect just above the muscle layer. We decided to perform EMR using not water but Viscoclear (Otsuka Pharmaceutical Factory, Tokushima, Japan), to promptly deal with intraprocedural bleeding (▶Video 1). After marking around the lesion, the gel was injected into the stomach. While maintaining the snare tip in the gastric wall, we captured the lesion and achieved en bloc resection (cut mode) without complications (▶Fig. 3, ▶Fig. 4). Pathological examination revealed gastric adenomas. The esophagogastroduodenoscopy performed 3 months later showed no residual tumor at the post-EMR ulcer scar (▶Fig. 5), which was confirmed by biopsies.

The efficacy of gel immersion EMR has been reported mainly in the duodenum and colon [2–4]. This method has also been used for gastric cancer near the pyloric ring, where it is difficult to submerge in water and the workspace is narrow [5]. Additionally, gel immersion EMR may also be useful for a gastric neoplasm at the greater curvature of the upper gastric body with polyposis.

Kimura Hidenori et al. Gel immersion endoscopic mucosal resection for a gastric neoplasm with a background of fundic gland polyposis. Endoscopy | © 2022. The Author(s).
Endoscopy
DOI 10.1055/a-1903-1528
ISSN 0013-726X
published online 2022
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Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AB

Competing interests

The authors declare that they have no conflict of interest.

The authors

Hidenori Kimura1, Masayuki Oi2, Yukihiro Morita2, Shigeki Bamba1, Osamu Inatomi2, Akira Andoh2
1 Division of Digestive Endoscopy, Department of Medicine, Shiga University of Medical Science, Shiga, Japan
2 Division of Gastroenterology, Department of Medicine, Shiga University of Medical Science, Shiga, Japan

Corresponding author

Hidenori Kimura, MD
Division of Digestive Endoscopy, Department of Medicine, Shiga University of Medical Science, Seta Tsukinowa, Otsu, 520-2192, Japan
Fax: +81-77-548-2219
hidenori.kim.6416@gmail.com

References


Fig. 4 Resected specimen. Both lesions were seen (arrowhead).

Fig. 5 No residual tumor at post-endoscopic mucosal resection ulcer scar in follow-up endoscopy 3 months later.

Bibliography

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