Endoscopic submucosal dissection (ESD) allows for wide resection of mucosal neoplasms, and closure of the subsequent artificial mucosal defects has been proven to diminish the rate of adverse events. Nevertheless, the technical success rate of such closure is low, around 57% in large dedicated series [1]. Therefore, several tools and techniques have been described to facilitate the sealing of such ulcers, but none seems to be sufficiently user friendly to be widely used in real-life practice.

We describe the use of a new closure device known as the “mucosal adaptive ring to close an endoscopic artificial ulcer” (MARCEAU) that is both easy to use and fully internalized through the endoscope channel, providing an easy way to meet the objective of sealing an ulcer when required (▶Video 1). This device is made from anti-return sutures (VLOC; Medtronic, USA) with a loop that can be grasped and pulled, thereby closing the loop progressively. In our case, it was introduced through the operating channel of a pediatric colonoscope.

We report here the case of a 70-year-old patient with a 3.5-cm nongranular laterally spreading tumor in the right colon. We have previously described the traction device (A-TRACT-2) that was used here to perform ESD resection. Resection was curative and R0. Afterwards, we dropped the MARCEAU device onto the operating site, and fixed it to two edges of the ulcer with clips (▶Fig. 1; ▶Video 1). A third clip was placed at the middle of the resection capturing the sealing device. We then used a forceps to tighten the device, bringing all the clips closer together, leading to prompt ulcer closure. No delayed bleeding was reported. The patient was discharged from the hospital on the following day.

This technique seems attractive and easy to use, especially when the ulcer size is too large for the use of clips alone. Further studies are needed to confirm its effectiveness.
Competing interests
The authors declare that they have no conflict of interest.

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