Closure of a gastric endoscopic resection defect with a novel closure device



Closure of mucosal defects after endoscopic mucosal resection or endoscopic submucosal dissection (ESD) has been shown to reduce the risk of delayed bleeding and perforation [1–4]. Defect closure can be achieved using over-thescope (OTS) clips, through-the-scope (TTS) clips, or endoscopic suturing [4]. The Dual Action Tissue (DAT) clip (Micro-Tech Endoscopy, Ann Arbor, Michigan, USA) is a novel TTS clip closure device with one center post and two jaws that function independently to approximate tissue margins. It has a 15-mm opening

function independently to approximate tissue margins. It has a 15-mm opening width and is compatible with endoscopes with a working channel diameter of 3.2 mm. Given its recent Food and Drug Administration approval in January 2022, literature is scarce surrounding its use. In this video report (> Video 1), we demonstrate its use for defect closure after a hybrid gastric ESD.

A 75-year-old man with diffuse gastric

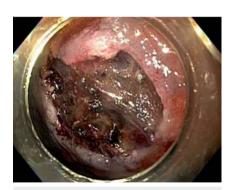
A 75-year-old man with diffuse gastric intestinal metaplasia was found to have a 15-mm gastric polyp. Biopsies showed a tubular adenoma and he was referred for endoscopic resection. The polyp had oozing with minimal contact and did not lift adequately with submucosal injection, hence hybrid ESD was performed (> Fig. 1). Defect closure was then successfully achieved using a combination of two DAT clips and one TTS endoclip (> Fig. 2, > Video 1).

One of the main advantages of the DAT device is the presence of two independent jaws which allow tissue approximation across larger defects, making defect closure more efficient. The device could also be a useful tool in scenarios where OTS clips or suturing devices cannot be advanced due to luminal stenosis or acute angulations in the colon. One device limitation is the inability to rotate the clips. Long-term data are needed regarding efficacy of closure, cost effectiveness, and follow-up information regarding the time frame the clip remains in place and





▶ Video 1 Closure of a gastric endoscopic resection defect with a novel closure device.



► Fig. 1 Mucosal defect after polyp resection with hybrid endoscopic submucosal dissection.



► Fig. 2 Successful closure of defect using two novel clips and one throughthe-scope endoclip.

whether it has any impact on surveillance examinations after endoscopic resection.

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Competing interests

The authors declare that they have no conflict of interest.

The authors

Natalie Wilson¹ O Long B. Le², Mohamed Abdallah² Mohammad Bilal³

- University of Minnesota Medical Center,
 Department of Internal Medicine,
 Minneapolis, Minnesota, USA
- 2 University of Minnesota Medical Center, Division of Gastroenterology and Hepatology, Minneapolis, Minnesota, USA
- 3 Minneapolis Veterans Affairs Health Care System, Minneapolis, Minnesota, USA

Corresponding author

Mohammad Bilal, MD

Division of Gastroenterology and Hepatology, Minneapolis VA Medical Center, 1 Veterans Drive, Minneapolis, MN 55417, USA

billa17@hotmail.com

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