**Mucosal snare resection-endoscopic submucosal excavation: a novel technology**

Endoscopic submucosal excavation (ESE) is a less invasive therapeutic alternative to surgical resection for the removal of gastric submucosal tumors [1]. The conventional procedural steps of this technique all involve cautery markings to delineate the target lesion, followed by submucosal injection and the resection of the lesion using a hook knife, insulation-tipped knife, or dual knife, and finally, closure of the mucosal incision using clips [2]. We report a novel variant ESE technique, mucosal snare resection-endoscopic submucosal excavation (MSR-ESE), for a lower technical burden and shorter procedure time compared with ESE.

MSR-ESE was successfully carried out as follows. First, the surface mucosa of the lesion was enclosed by the snare and electrocoagulation excision was performed without prior submucosal injection (Fig. 1). With gradual exposure, the lesion was completely dissected along its edge and above the muscularis propria by an insulation-tipped knife (Fig. 2). After complete resection and retrieval of the lesion, the mucosal incision was closed tightly by metal clips (Fig. 3). The total operation time was 18 minutes, and no bleeding or perforation complications occurred (Fig. 4, Video 1).

MSR-ESE eliminates the need for electrocoagulation marking and submucosal injection. Our department has performed more than 10 cases successfully. Thus, in the future, MSR-ESE may be considered a safe, time-saving, and effective option for submucosal tumors.

**Conflict of Interest**

The authors declare that they have no conflict of interest.

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**Fig. 1** The lesion was enclosed by the snare without submucosal injection.

**Fig. 2** The lesion was dissected using an insulation-tipped knife.

**Fig. 3** The clips tightly clamped the mucosa for wound closure.

**Fig. 4** A submucosal tumor was successfully resected using mucosal snare resection-endoscopic submucosal excavation.
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