Bloc biopsy by tunneling method using endoscopic submucosal dissection for an upper gastrointestinal submucosal tumor

Minimally invasive local resection techniques such as hybrid natural orifice transluminal endoscopic surgery (NOTES) are becoming established in the treatment of upper gastrointestinal submucosal tumor (UGISMT), especially gastrointestinal stromal tumor (GIST) [1]. However, the tissue obtained from UGISMTs by techniques such as endoscopic ultrasound (EUS)-guided biopsy is occasionally insufficient to make a diagnosis [2]. Therefore, we devised a safe and reliable technique for bloc biopsy by a tunneling method [3, 4] using endoscopic submucosal dissection (ESD) [5]. Here, we describe the methodology of this technique.

A 73-year-old man was found on endoscopy to have a 25-mm gastric submucosal tumor (Fig. 1a), which was shown on EUS to be originating from the muscularis propria. The following procedure was performed after the patient had given informed consent.

After marking the mucosa around the tumor with a margin of about 10 mm, a small incision was made to create a 10-mm opening, and the submucosa was approached through the opening (the ESD procedure). The short tunneling method was used to access the tumor (Fig. 1b), which was visually identified and decapsulated (Fig. 1c). A needle-knife for ESD in cutting mode was used to obtain a 5 × 5 × 2-mm bloc biopsy specimen (Fig. 1d). The tissue was collected into a long attachment (Elastic Touch F-01; Top Corporation, Tokyo, Japan) with care being taken that the tissue did not come into contact with the inner wall of the tunnel. The entire exposed surface was sutured with clips that were placed starting at the far end of the tunnel and finishing at the opening to prevent any tumor fragments flowing back into the tunnel (Fig. 1e).

Video 1

Endoscopic views of a bloc biopsy being performed by the tunneling method using endoscopic submucosal dissection (ESD) for an upper gastrointestinal submucosal tumor.
The entire procedure was completed without complications in 40 minutes. The specimen obtained was sufficient in size (~5 mm; Fig. 2), and immunopathology was used to make a diagnosis of GIST. This technique enabled us to obtain a histopathologic diagnosis without any complications, such as hemorrhage or dissemination of the tumor.

**Competing interests:** None

**References**

2. Lee CK, Chung IK, Cha HD et al. Endoscopic partial resection with the unroofing technique for reliable tissue diagnosis of upper GI subepithelial tumors originating from the muscularis propria on EUS (with video). Gastrointest Endosc 2010; 71: 188–194

**Bibliography**

DOI http://dx.doi.org/10.1055/s-0031-1291821
Endoscopy 2012; 44: E197–E198
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

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