Endoscopic submucosal dissection (ESD) is a minimally invasive method of treating early-stage tumors of the digestive tract. However, duodenal ESD is technically difficult, with high complication rates resulting from poor control of the endoscope, the thin duodenal wall, and the potential for exposure to pancreatic juices [1–2].

This study evaluated the safety of ESD using the short-type Clutch Cutter for the removal of early duodenal tumors.

The short-type Clutch Cutter (DP2618DT; Fujifilm Corporation, Tokyo, Japan) has previously been described in detail [3]. When the Clutch Cutter is being used for ESD of duodenal tumors, electrical damage to the thin muscle layer can be prevented by grasping the tissue and lifting it from the underlying proper muscle layer, before cutting or coagulating it. The steps of the ESD technique using the Clutch Cutter are illustrated in Fig. 2.

Clinical outcomes are summarized in Table 1. All lesions were resected easily and safely in one piece. There were no complications. Follow-up EGD at a mean of 8.7 months showed no incidence of tumor recurrence. Although endoscopically normal tissue had been excised in all patients, the margins could not be assessed pathologically in some of the patients, most likely as a result of heat denaturation.

Although we assessed only a few patients, this study showed that ESD using the Clutch Cutter was safe for duodenal tumors.

**Endoscopy_UCTN_Code_TTT_1AO_2AG**

**Competing interests:** Kazuya Akahoshi and Hidefumi Akahane (Fujifilm) have applied for a European patent for the Clutch Cutter described in this article. This patent has been granted in Japan, China, and the USA.

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Table 1 Baseline, lesion, and procedural characteristics for the seven patients who underwent endoscopic submucosal dissection (ESD) of early duodenal tumors using the Clutch Cutter.

<table>
<thead>
<tr>
<th>Patient number</th>
<th>Age, Sex</th>
<th>Tumor Location within duodenum</th>
<th>Type</th>
<th>Diameter, mm</th>
<th>Operating time, minutes</th>
<th>Resected specimen diameter, mm</th>
<th>Resection margin lateral/vertical</th>
<th>En bloc resection</th>
<th>Histology</th>
<th>Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>31, Female</td>
<td>Bulb IIa</td>
<td>11</td>
<td>172</td>
<td>23</td>
<td>X/−</td>
<td>Yes</td>
<td>Adenoma</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>56, Male</td>
<td>3rd portion I + IIa</td>
<td>20</td>
<td>55</td>
<td>30</td>
<td>X/−</td>
<td>Yes</td>
<td>Adenocarcinoma</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>78, Female</td>
<td>2nd portion I</td>
<td>45</td>
<td>62</td>
<td>50</td>
<td>X/−</td>
<td>Yes</td>
<td>Adenocarcinoma</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>56, Male</td>
<td>2nd portion IIc</td>
<td>15</td>
<td>55</td>
<td>22</td>
<td>−/−</td>
<td>Yes</td>
<td>Adenocarcinoma</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>73, Female</td>
<td>2nd portion IIa</td>
<td>20</td>
<td>78</td>
<td>28</td>
<td>−/−</td>
<td>Yes</td>
<td>Adenoma</td>
<td>None</td>
<td></td>
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<tr>
<td>6</td>
<td>62, Female</td>
<td>2nd portion IIa</td>
<td>13</td>
<td>137</td>
<td>25</td>
<td>X/X and X/−</td>
<td>Yes</td>
<td>Adenoma</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>68, Female</td>
<td>2nd portion IIa</td>
<td>17</td>
<td>107</td>
<td>20</td>
<td>X/−</td>
<td>Yes</td>
<td>Adenocarcinoma</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

X, margin could not be assessed; −, margin clear.