Successful closure of postoperative defects is essential for endoscopic resection of early neoplasms. The endoscopic purse-string suture (EPSS) using a double-channel colonoscope has been shown to be safe and effective. This method involves the interaction of the endoloop and the metal clips through two separate endoscope channels [1]. However, single-channel colonoscopes are more popular in clinical practice because of their longer length, more flexible operation, and cheaper price, especially when used in the right colon. We report on a novel endoloop system that was innovatively applied via a single-channel endoscope.

A 70-year-old man was referred to our center with a 9-month history of increasing defecation. Endoscopic examination with biopsy and histopathology revealed a nongranular type of laterally spreading tumor with moderate atypical hyperplasia in the ileocecal junction. Endoscopic submucosal dissection was performed for en bloc resection. The large defect (2.5×2.0 cm) was completely closed by EPSS via a single-channel colonoscope (CF Q260; Olympus, Tokyo, Japan), as follows. As an independent device, the nylon loop (Loop-30; LeCamp, Changzhou, China) was first delivered and positioned around the defect. Multiple clips were then applied to fix the endoloop in place. The loop was tightened by grasping the tail with a hook and pulling backward to close the defect (Fig. 1, Video 1). The entire procedure was completed via the single channel. The closing process took 8 minutes. The patient was discharged 2 days after the operation without any adverse events.

Lua et al. [2] described their experience of closing a mucosal defect in the stomach using a single-channel gastroscope. To our knowledge, the current case is the...
first report on closure of a colonic defect via a single-channel colonoscope. With the assistance of an independent endoloop system, EPSS via a single-channel colonoscope should be feasible, efficient, and safe for endoscopic defect closure.

**Competing interests:** None

Jiankun Wang, Xiang Wang, Li Liu, Lili Zhao, Min Wang, Zhenzhen Liu, Zhining Fan

Digestive Endoscopy Center, The First Affiliated Hospital of Nanjing Medical University and Jiangsu Province Hospital, Nanjing, China

**References**


**Acknowledgments**

This study was supported by the National Natural Science Foundation of China (81172266 and 81302107), the Life Health Technology Foundation of Jiangsu province (BL2012031), and the “333 engineering” Foundation of Jiangsu province (BRA2015472).

**Corresponding author**

Li Liu, MD and Zhining Fan, MD

Digestive Endoscopy Center
The First Affiliated Hospital of Nanjing Medical University and Jiangsu Province Hospital
300 Guangzhou Road
Nanjing 210029
China
Fax: +86-25-58509931
kit9178@sina.com
fanzhining@njmu.edu.cn

**Bibliography**

DOI http://dx.doi.org/10.1055/s-0042-104192
Endoscopy 2016; 48: E142–E143
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X