Endoscopic submucosal dissection (ESD) allows large-sized superficial gastric tumors to be obtained en-bloc [1]. One of the technical problems in ESD is the difficulty of maintaining a clear view of the submucosal layer of the gastric wall during the procedure. We report our experience of ESD assisted by transgastrostomic endoscopy (TGE) in five patients with gastric tumors (three well-differentiated adenocarcinoma, one adenoma, and one carcinoid tumor) after percutaneous endoscopic gastrostomy.

A small-caliber endoscope, GIF XP-240 (Olympus Optical Co., Ltd, Tokyo, Japan), was inserted through the mature gastrocutaneous tract, and the edge of the resecting specimen was grasped to achieve counter-traction during submucosal dissection (Fig. 1). All tumors were resected successfully. The mean diameter of the resected specimens was 29.8 mm, and the mean duration of the procedures was 55.8 minutes. Fig. 2 shows a difficult case involving a carcinoid tumor on the anterior wall of the upper body. The submucosal fibrosis was too severe to allow a sufficient submucosal cushion to be made by injection with hyaluronic acid. Submucosal dissection was carefully conducted under the appropriate counter-traction by TGE.

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Fig. 1 Schematic illustration of transgastrostomic endoscopy (TGE)-assisted endoscopic submucosal dissection (ESD). A small-caliber endoscope is inserted through the mature gastrocutaneous tract and creates counter-traction by grasping the edge of the resection specimen. ESD was carried out under the counter-traction by TGE.

Fig. 2 TGE-assisted ESD for carcinoid tumor on the anterior wall of the upper body. The submucosal fibrosis was too severe to allow a sufficient submucosal cushion to be made by injection with hyaluronic acid. Submucosal dissection was carefully conducted under the appropriate counter-traction by TGE.