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.

Endoscopic mucosal resection (EMR). Hard-grasping forceps are inserted through the gastrocutaneous tract, and conventional EMR is conducted [2]. A laparoscopic port with a trocar is inserted into the gastric lumen percutaneously and assists in the ESD using an insulation-tipped (IT) knife [3]. However, these methods are thought to be limited depending on the location of the tumor, as the assisting devices are not flexible. TGE can be applied throughout the stomach and the esophagus, and can create appropriate counter-traction for dissecting the lesion. Furthermore, TGE can provide not only traction control but also support for diverse procedures of ESD, such as marking, submucosal injection, and washing out or aspiration of the intragastric contents.

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Endoscopy 2009; 41: E13
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

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Nishiwaki S et al. Transgastrostomic endoscopy-assisted ESD... Endoscopy 2009; 41: E13