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Snare traction-assisted method during endoscopic resection for gastric submucosal tumors: a single-center case series

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Dear Editor,

From May 2021 to March 2023, 24 patients (12 Male/12 Female, 54.5±12.4 years) with 24 gastric submucosal tumors (G-SMTs) underwent snare-assisted endoscopic resection (ER) in our department. All patients had pre-operative endoscopic ultrasonography (EUS) and abdominal computed tomography (CT) to detect tumor characteristics (13 located in the fundus, 6 lesser curvature or angle, 5 others). Then the patients underwent snare-assisted ER. A transparent cap (D-201-13404; Olympus) was attached to the endoscope tip (GIF Q260J; Olympus). After submucosal injection, the mucosa was incised by a Dual knife (KD-650L; Olympus) or an IT knife (KD-611L; Olympus) to expose the tumor. The endoscope was then removed, a snare was fixed to the transparent cap before re-inserted into the
stomach. The snare was then released to grasp the tumor and was maneuvered externally by an assistant to provide traction, an IT knife or Dual knife was used to completely resect the tumor. The EFTR technique was chosen to remove the SMTs and a small portion of the serosa if the SMTs was closely adhered to the serosa. Coagulation was performed using the tip of the knife or a Coagrasper (FD-410LR; Olympus) in cases of bleeding. The defect was closed by hemoclips or endoscopic purse-string suture (HX-400U-30; Olympus) (Figure 1). The tumor size (1.8±0.9 cm), average operation time (45.4 ± 23.4 minutes), intraoperative active bleeding (0/24), patients with abdominal pain (4/24), fever (2/24), bleeding (0/24) and perforation (0/24) within 3 days after the procedure were recorded. All patients achieved en bloc and R0 resection, and were discharged within 3-7 days after operation. The postoperative pathology showed 17 gastrointestinal stromal tumors (GISTs), 1 leiomyoma, 1 heterotopic pancreas, 1 gastroblastoma, 2 polyps, 1 Schwannoma and 1 accessory spleen tissue. There were no reports of complications recurrence during follow-up of 3 months. Furthermore, we are expanding the sample size and comparing the snare traction-assisted method with the conventional procedure or other traction methods. Li et al. removed 101 duodenal subepithelial lesions (SELS) with endoscopic resection in combination with ligation (ER-L)(1). While it was limited to duodenal SELs originated from the submucosal layer and less than 20 mm. We propose that the incorporation of traction methods could potentially broaden the applicability of ER-L. However, there appears to be a conceptual error in the article. It is important to note that "complete resection" is synonymous with "R0 resection", while the article mistakenly confuses these two concepts(2).

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References:


Figure 1: The gastric submucosal tumor (G-SMT) resected by snare traction-assisted method. (A) A SMT in the gastric angle. (B) The surrounding mucosa was dissection in advance to expose the tumor. (C) The tumor was grasped by a snare for countertraction and a clear dissection line was provided. (D) A gastric wall defect after resection of the tumor. (E) The gastric wall was closed by hemoclips. (F) The resected G-SMT.