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Hybrid endoscopic full thickness resection for a gastric submucosal tumor

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Jiankun Wang is responsible for drafting of the manuscript and getting the relevant material.
Cheng Wang and Jiacheng Jiang are responsible for acquiring data and finding relevant literature.

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Conflict of interest

No conflicts of interest have been declared.

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Dear Editor,

A 53-year-old woman was diagnosed with a 15-mm submucosal tumor located in the fundus of the stomach (Fig.1a). Endoscopic ultrasonography suggested that the tumor originated from the muscularis propria layer (Fig.1b). Therefore, we decided to use a novel hybrid EFTR to remove the lesion. First the tumor was marked and the mucosal was incised, followed by primary tumor dissection (Fig.1c). Then the endoscope was withdrawn. A snare was fixed to the transparent cap at the front end of the endoscope without passing through the working channel (Fig.1d). The endoscope and snare were inserted together near the lesion. A foreign body forceps was inserted through the endoscopic working channel to grasp the top of the tumor and lift it up. After adequately exposing the tumor, the snare was released to enclose the base of the tumor, and completely excised was performed under direct view (Fig.1e, f). Finally, the wound was closed with clips and endoloop. The entire operation time was less than 20 minutes. The patient was discharged soon after the operation without any adverse events.

Similar to hybrid endoscopic submucosal dissection [1], hybrid EFTR also involves tumor dissection first. Following this, traction is applied using foreign body forceps to ensure a clear operative field and the tumor was fully exposed. Subsequently, a snare is used under direct visualization to achieve complete resection. This technique not only ensures the integrity of the tumor but also greatly simplifies the operation steps, improves efficiency, and is worth promoting in clinical practice.

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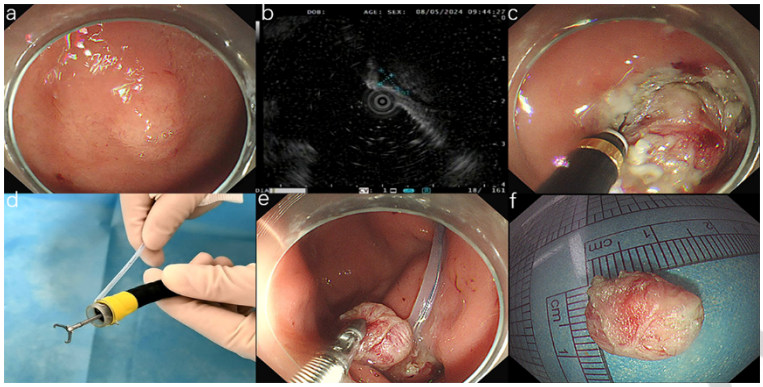

Fig. 1 (a) Endoscopic view of the tumor in the stomach. (b) Endoscopic ultrasound indicated a hypoechoic lesion originated from the muscularis propria layer. (c) The tumor was dissected and exposed. (d) A over-the-scope snare was fixed to the transparent cap. (e) The tumor was removed by the snare combined with foreign body forceps. (f) The integral tumor.