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DOI: 10.17235/reed.2022.9075/2022

Link: [PubMed \(Epub ahead of print\)](#)

**Please cite this article as:**

Bai Lu, Yu Zhi-Chao, Li De-Feng, Zhang Ding-Guo. A small transparent cap, a big use. Rev Esp Enferm Dig 2022.  
doi: 10.17235/reed.2022.9075/2022.

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## **A small transparent cap, a big use**

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**Keywords:** Transparent cap. Esophageal solid foods.

### **Acknowledgements**

This work was supported by Natural Science Foundation of Guangdong Province (No. 2018A0303100024), Technical Research and Development Project of Shenzhen (No. JCYJ20150403101028164, No. JCYC20170307100911479, No. JCYJ20190807145617113 and JCYJ20210324113802006).

### **Conflict of Interest**

The authors declare no conflict of interest.

### **Author contribution**

Design the study (De-feng Li and Ding-guo Zhang)

Collect the information of the patient (De-feng Li)

Perform the treatment (Lu Bai and Ding-guo Zhang)

Write and revise the article (De-feng Li and Ding-guo Zhang)

Dear Editor,

A 92-year-old woman complained of dysphagia and vomit for 4 days without previous disease history. Her physical examination was unremarkable. The results of routine laboratory testing were within the normal limits. An esophagogastroduodenoscopy (EGD) showed that esophageal lumen was blocked by a lot of solid foods from upper to lower esophagus (Figure 1 A and Figure 1B). Of note, it is hard to spontaneously empty the esophageal foods for the patient. Subsequently, the endoscope was removed, and a transparent cap (OLYMPUS, Japan) was assembled (Figure 1C). Interestingly, the esophageal foods were quickly emptied using the transparent cap (Figure 1D). The patient was eventually recovered and advised liquid diet next day.

The transparent cap was frequently used to remove the subepithelial lesions (SELs) in our clinical center<sup>1, 2</sup>. It was the first time to use the transparent cap empty esophageal solid foods. We considered that it was safe and effective modality because the transparent cap was soft at edge, and had adequate remained accommodation (Figure 1C). Therefore, a small transparent cap has a big use in clinical practice.

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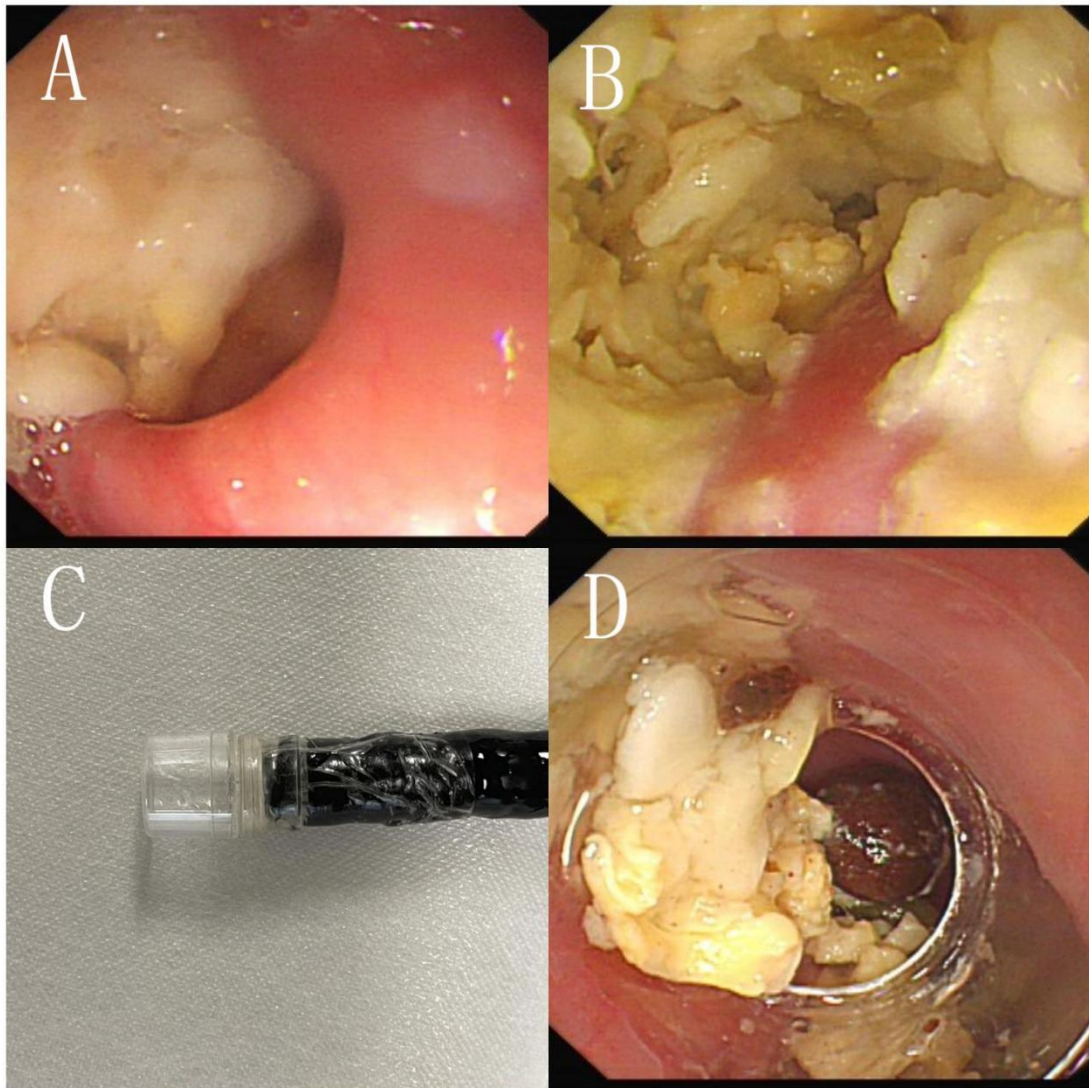


Figure 1 The esophageal solid foods was empty by the transparent cap