

Clip-induced esophageal perforation during endoscopic submucosal dissection: the perfect is the enemy of the good!



▶ Video 1 Esophageal perforation due to clipping.



▶ Fig. 1 Esophageal perforation due to clipping.

Corresponding author

Jérémy Jacques, MD, PhD

Limoges University Hospital, 2 avenue
Martin Luther King, 87042 Limoges, France
jeremiejacques@gmail.com

Bibliography

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Superficial muscular injury without deep perforation frequently occurs during endoscopic submucosal dissection (ESD) of superficial neoplasms. The optimum management of this not uncommon situation is unclear. Clipping could avoid secondary perforation and postresection coagulation syndrome.

Here we report a case in which thermal muscular damage occurred during ESD of a squamous cell carcinoma of the upper third of the esophagus due to severe submucosal fibrosis. The damaged area was around 5 × 5 mm. Clipping was performed to prevent infectious complications because oral corticosteroid was indicated to prevent stenosis after 75% circumferential resection. However, the clipping caused a deep tear of the muscular layer (▶ Video 1, ▶ Fig. 1), with visualization of the periesophageal fat secondary to the first clip.

The clip was removed using a 10-mm polypectomy snare. A complete 3-mm perforation was confirmed and efficiently closed using an Ovesco clip. In cases of muscle damage without transmural perforation, the risk–benefit ratio of closure with standard clips must

be assessed. If closure is performed, aggravation of the lesion should be avoided. Misplaced clips can be removed using a polypectomy snare, enabling treatment of the complication using suitable methods.

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Competing interests

The authors declare that they have no conflict of interest.

The authors

Sophie Geyl¹, Raphael Olivier², Mathieu Pioche³, Martin Dahan¹, Romain Legros¹, Jérémy Albouys¹, Jérémy Jacques^{1,4}

- 1 Service d'Hépatogastro-entérologie, CHU Dupuytren, Limoges, France
- 2 Service d'Hépatogastro-entérologie, CHU de Poitiers, Poitiers, France
- 3 Service d'Hépatogastro-entérologie, Hôpital Edouard Herriot, CHU Lyon, France
- 4 BioEM, Xlim, UMR 7252, CNRS, Limoges, France

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