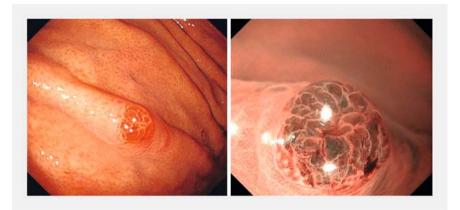
A novel method of endoscopic submucosal dissection using a threaded clip for a lesion of the greater curvature of the gastric body



Gastric endoscopic submucosal dissection (ESD) for lesions of the greater curvature of the gastric body is challenging owing to difficulty in approaching the lesion, submersion [1], and vertical confrontation with the lesion. Threaded-clip traction attached to the lesion is widely used in gastric ESD [2, 3]. We report a novel method of ESD using a threaded clip for a lesion of the greater curvature of the gastric body.

A 70-year-old woman presented with a Y-II-type polyp of 3.0 mm in diameter on the greater curvature of the upper gastric body (> Fig. 1), suspected of being gastric foveolar-type dysplasia and underwent ESD (> Video 1). A full circumferential incision was made after the lesion had been marked. A threaded clip was placed firmly on the healthy mucosa outside the circumferential incision line. The mucosa of the great curvature was then stretched via strong traction on the thread, bringing the lesion closer to the endoscope (> Fig. 2). Additional threaded clips attached to the lesion provided even better visibility of the submucosal layer and allowed safe ESD to be performed. Thereafter, en bloc resection was performed using clip-with-thread traction. Pathological analysis subsequently showed the lesion to be a foveolar-type dysplasia/adenoma with a negative margin (> Fig. 3).

The advantages of this novel method of ESD using traction with a threaded clip placed on healthy mucosa are as follows. First, ESD could be performed near the lesion by drawing the lesion toward the endoscope. Second, because the lesion was located higher than the surrounding mucosa, submersion was reduced. Third, ESD could be performed safely without vertical confrontation because the angle of the lesion was changed; the knife and muscle layers became parallel. Therefore, this novel method of ESD using a threaded clip is useful for lesions of the



▶ Fig. 1 Endoscopic images showing a Y-II-type polyp of 3.0 mm in diameter that was located at the greater curvature of the upper gastric body.





Video 1 A novel method of endoscopic submucosal dissection with traction via a threaded clip is used to resect a lesion of the greater curvature of the upper gastric body.

greater curvature of the upper gastric body.

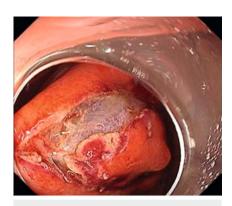
Endoscopy_UCTN_Code_TTT_1AO_2AG

Competing interests

The authors declare that they have no conflict of interest.

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▶ Fig. 2 Endoscopic view showing the mucosa of the great curvature being stretched via strong traction with the threaded clip that had been placed on the healthy mucosa outside the circumferential incision line.

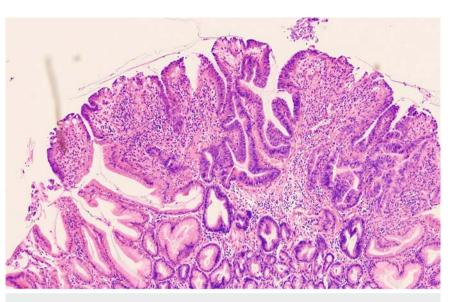


Fig.3 Histopathological appearance showing a foveolar-type dysplasia/adenoma with a negative margin.

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References

- Kinoshita J, Iguchi M, Maekita T et al. Traction method versus conventional endoscopic submucosal dissection for gastric epithelial neoplasms: a randomized controlled trial. Medicine (Baltimore) 2022; 101: e29172
- [2] Yoshida M, Takizawa K, Suzuki S et al. Conventional versus traction-assisted endoscopic submucosal dissection for gastric neoplasms: a multicenter, randomized controlled trial (with video). Gastrointest Endosc 2018; 87: 1231–1240

[3] Yoshida M, Takizawa K, Ono H et al. Efficacy of endoscopic submucosal dissection with dental floss clip traction for gastric epithelial neoplasia: a pilot study (with video). Surg Endosc 2016; 30: 3100–3106

Bibliography

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