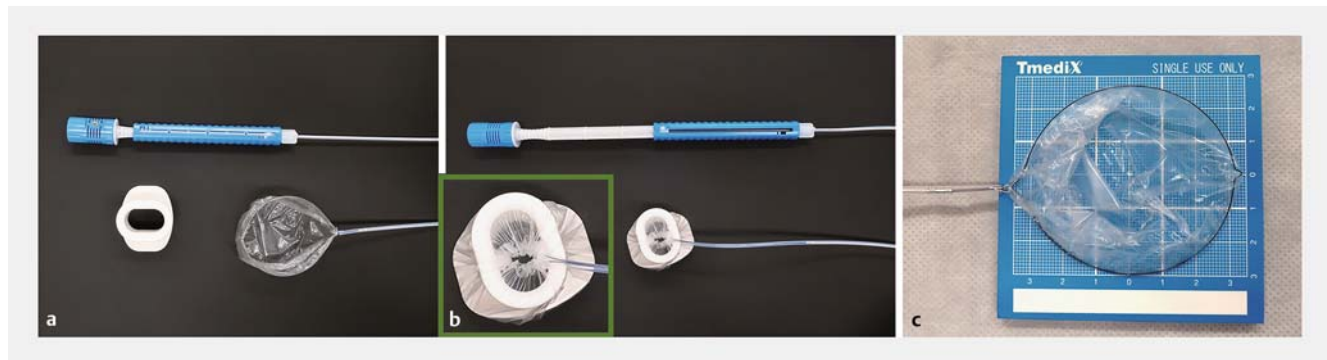


Novel protective retrieval bag for safe removal of gastric gastrointestinal stromal tumor after endoscopic full-thickness resection

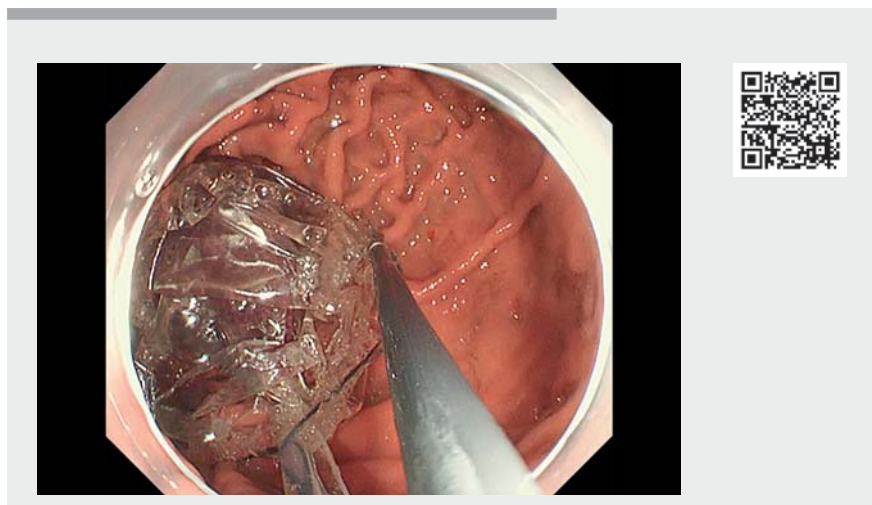
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► Fig. 1 Modified ENDO CARRY bag for protective retrieval of gastric subepithelial lesions. **a** Retrieval device in an open position. **b** Retrieval device in the closed position with the bag out of the sheath. **c** Major (80 mm) and minor (60 mm) diameter with complete open position.

Endoscopic resection of gastric subepithelial lesions (GSELs) is gaining in popularity owing to its good results and less invasive nature compared to surgery [1, 2]. However, extracting specimens through the gastroesophageal junction or upper esophageal sphincter can be technically challenging and may cause fragmentation or capsule damage, which may lead to an inaccurate histopathological evaluation [2].

Here, we report of a new retrieval device (ENDO CARRY, Hakko Co., Ltd., Nagano, Japan) with a drawstring-type plastic bag [3] that facilitates the safe retrieval of resected GSELs. This device consists of a larger transparent plastic bag (60 mm) that is not pulled into the sheath when it is completely closed, which prevents specimen damage during the extraction (**► Fig. 1**). This device cannot be used through the working channel, so for its insertion the transparent bag is placed on the tip of the endoscope, which allows reaching the stomach while seeing through the bag. For specimen retrieval, the bag is opened into the stomach and the GSEL is introduced inside using a grasping forceps or using the latter to directly trap the GSEL with the bag (**► Video 1**).



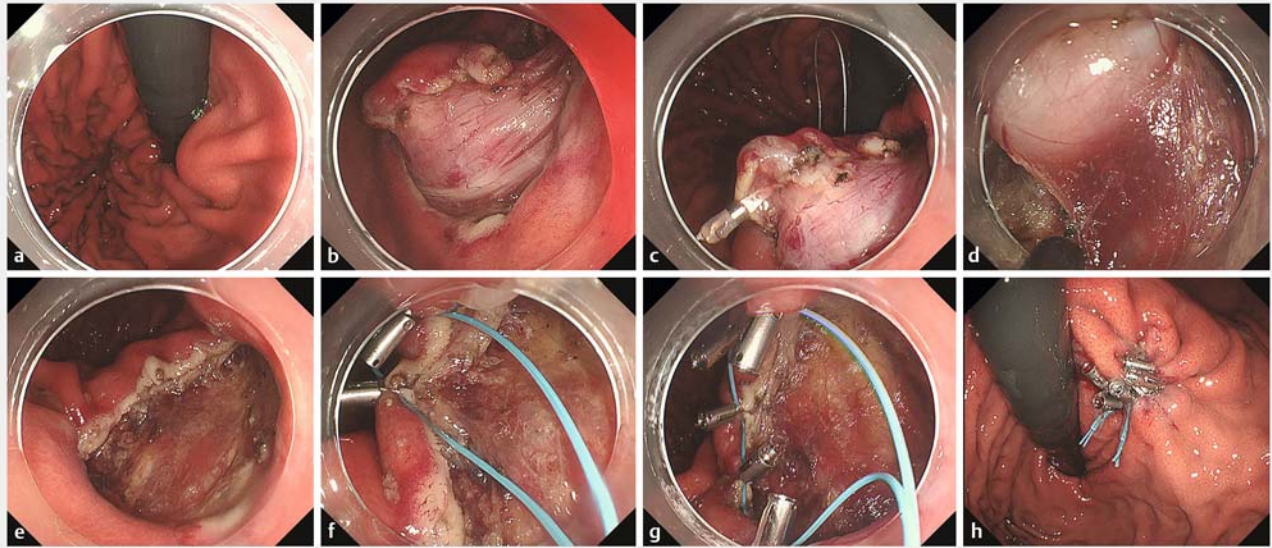
► Video 1 Protective retrieval bag for safe removal of gastric gastrointestinal stromal tumor after endoscopic full-thickness resection.

Our experience consists of nine GSEL retrievals by using this bag. The median GSEL size was 22×26 mm [19–25, 23–38]; four (44%) were grasped with forceps into the bag, and five (56%) were directly grasped preventing pseudocapsule injury in all of them (**► Fig. 2**).

Endoscopy_UCTN_Code_TTT_1AO_2AC

Competing interests

The authors declare that they have no conflict of interest.



► **Fig. 2** Endoscopic full-thickness resection of a gastric gastrointestinal stromal tumor (GIST) with an endoluminal component. **a** Endoscopic retroflex view with subcardiac/lesser curvature GIST. **b** Submucosal dissection completed with complete tumor exposure. **c** Clip-line traction method applied before muscle cut. **d** Full-thickness resection almost completed. **e** Defect view after tumor removal. **f, g** Purse-string suture. **h** Complete defect closure.

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