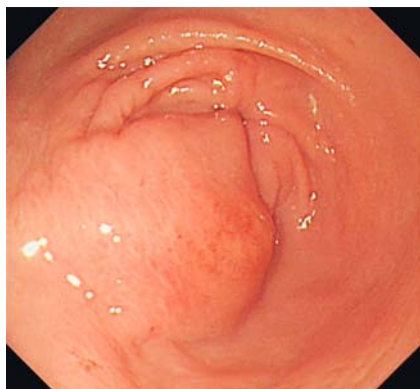
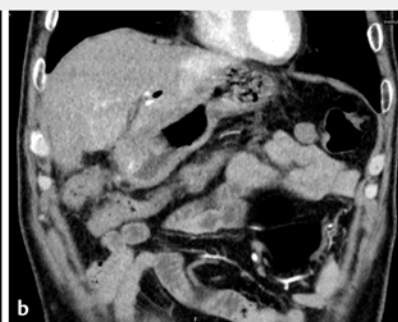


An unexpected gastric submucosal mass-like lesion

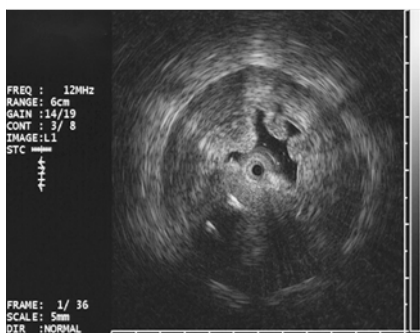
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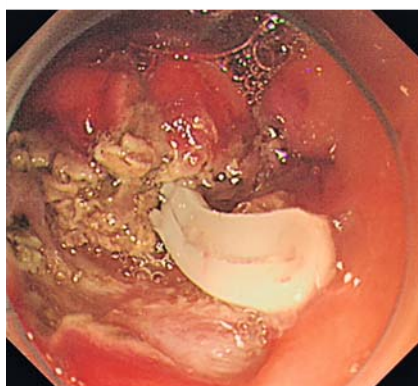
► **Fig. 1** Endoscopic view of a gastric antrum submucosal lesion.



► **Fig. 2** Computed tomography images of a gastric antrum submucosal lesion. **a** Transverse plane. **b** Coronal plane.



► **Fig. 3** Endoscopic ultrasonography images of a gastric antrum submucosal lesion.



► **Fig. 4** Endoscopic view showing a white foreign body after incision of the muscle layer.



► **Fig. 5** The final view of the foreign body (Hem-o-lok clip).

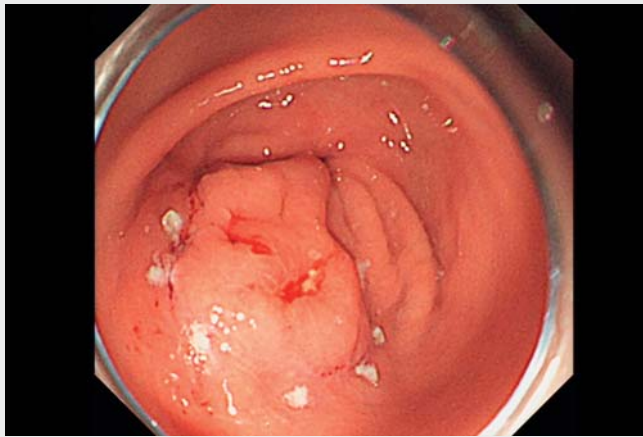
A 70-year-old man was referred to our hospital with a gastric antrum mass (► **Fig. 1**) incidentally found during a screening endoscopy. After his admission, an abdominal enhanced computed tomography (CT) scan was performed, which showed a thickening of the gastric wall in the gastric antrum with a mixed-density shadow (► **Fig. 2**). In this context, the patient was submitted to endoscopic ultrasonography and there was a heterogeneous echo with the obscure boundary of the antrum originating from the submucosal layer (► **Fig. 3**). Follow-up or surgical operation was advised owing to the poorly circumscribed lesions, but the patient requested an endoscopic resec-

tion to further clarify the nature of this mass.

The procedure was performed with the patient under endotracheal intubation and general anesthesia. An incision was made along the incisura lesion of the gastric antrum after coagulation marking on the lesion margin, and there was no evidence of the obvious tumor body. Suddenly, a white foreign body appeared when cutting along the surface of the muscle layer (► **Fig. 4**), which was removed and then retrieved using a snare. Subsequently, the mass-like lesion was fully resected, and the wound was treated with hot coagulation forceps (► **Video 1**). On close inspection of the foreign body, it

was a plastic clip similar to a Hem-o-lok clip (► **Fig. 5**). In a review of the patient's surgical history, the Hem-o-lok clip might have been used in the previous laparoscopic cholecystectomy 2 years previous. The patient remained well and was discharged after 4 days without complications. The final pathological examination of the mass revealed a reactive nodular fibrous pseudotumor.

The Hem-o-lok clip is used frequently during laparoscopic procedures, and a few case reports of clip migration have been published [1–4]. In our case, the patient was asymptomatic and the clip was found in an endoscopic resection of the mass-like lesion, which is a rare report.



Video 1 An unexpected gastric submucosal mass-like lesion.

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AD

Competing interests

The authors declare that they have no conflict of interest.

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Endoscopy 2023; 55: E1148–E1149

DOI 10.1055/a-2183-6060

ISSN 0013-726X

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