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Gastric endoscopic submucosal dissection through a gastrostomy using a newly developed thin endoscope

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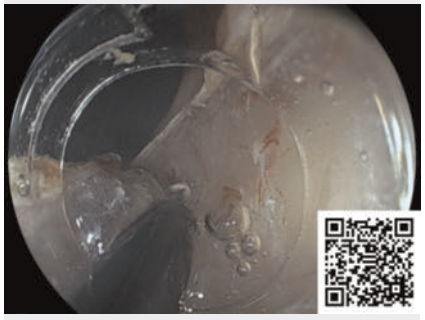
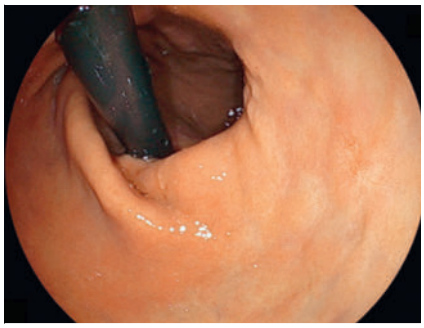
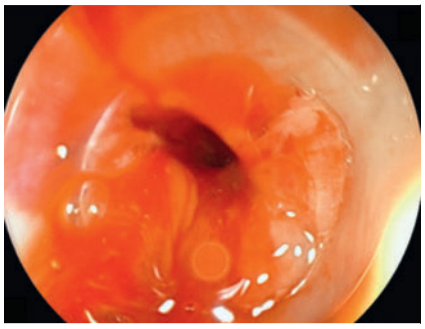


Video 1 Gastric endoscopic submucosal dissection is performed through a gastrostomy using a newly developed thin endoscope.

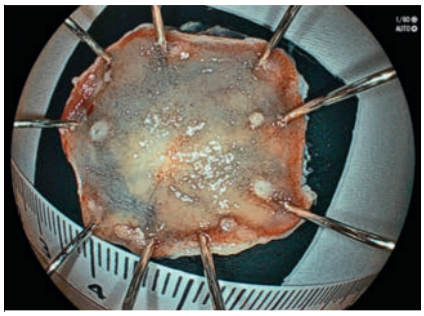
▶ **Fig. 1** Photograph showing persisting trismus after chemoradiotherapy for advanced pharyngeal cancer.



▶ **Fig. 2** Endoscopic images showing a slightly depressed lesion at the lesser curvature of the antrum viewed on transnasal endoscopy.



▶ **Fig. 3** An endoscope was inserted through gastrostomy.



▶ **Fig. 4** Macroscopic appearance of the lesion, which was resected en bloc.

A 76-year-old man underwent follow-up endoscopy after undergoing curative endoscopic submucosal dissection (ESD) for esophageal cancer [1]. He had a past history of advanced pharyngeal cancer, which had been treated with chemoradiotherapy, and had a percutaneous endoscopic gastrostomy because of persistent trismus (▶ **Fig. 1**). The follow-up endoscopy, performed via transnasal endoscopy, revealed a 6-mm depressed lesion in the lesser curvature of the antrum, and a biopsy confirmed adenocarcinoma (▶ **Fig. 2**). ESD using a newly developed endoscope [2, 3] was performed to treat the gastric cancer.

First, the catheter through the gastrostomy was removed and an endoscope with a diameter of 7.9 mm (EG-840TP; Fujifilm, Tokyo, Japan) was inserted through the gastrostomy (▶ **Fig. 3**, ▶ **Video 1**). Circumferential marking, mucosal incision, and circumferential incision were performed, and submucosal dissection was subsequently performed until the tumor was resected en bloc (▶ **Fig. 4**), taking 9 minutes. The lesion was retrieved through the gastrostomy, and a new catheter was placed into the gastrostomy using a guidewire. The final pathologic diagnosis was a 6 × 6-mm, 0–IIc, well-differentiated tubular adenocarcinoma, pT1a, pUL0, ly0, v0, pHM0, pVM0.

Although the newly developed endoscope has a large working channel of 3.2 mm and offers wide angles (up 210°; down 160°), its small width of 7.9 mm enabled efficient ESD to be performed through the gastrostomy without dilation [1].

Endoscopy_UCTN_Code_TTT_1AO_2AG_3AD

Conflict of Interest

S. Shichijo has received honoraria from Fujifilm Medical, Olympus, EA Pharma, Astra Zeneca, AI Medical Service, and Janssen Pharmaceutical. N. Uedo has received honoraria from Olympus, Fujifilm Medical, Boston Scientific, Daiichi-Sankyo, Takeda Pharmaceutical, EA Pharma, Otsuka Pharmaceutical, AstraZeneca, Miyarisan Pharmaceutical, and AI Medical Service. H. Mori, K. Higashino, and T. Michida declare that they have no conflict of interest.

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Endoscopy 2024; 56: E506–E507
DOI 10.1055/a-2333-9313
ISSN 0013-726X

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany