Gastric peroral endoscopic myotomy mucosotomy closure using a novel hand suturing device



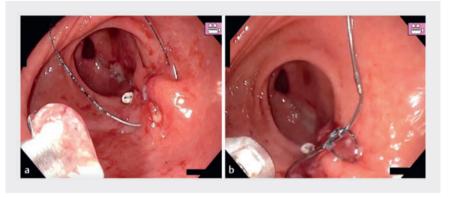


□ Video 1 Pyloromyotomy and posterior closure of the mucosotomy using the manual suture device.



► Fig. 1 Suturing device with surgical needle.

A 37-year-old patient with clinical signs of gastroparesis underwent a gastric peroral endoscopic pyloromyotomy (G-POEM) technique. After creating the submucosal tunnel and sectioning the pylorus, it was necessary to suture the gastric mucosotomy. Generally, this is done with standard endoscopic clips, but given that the gastric mucosa and muscular mucosa are thicker than the esophageal mucosa, it is sometimes difficult to close the mucosotomy, and in other cases early dehiscence of the closure has been described, requiring a second endoscopic closure [1].



▶ Fig. 2 a Needle passing through both edges of the mucosotomy. b The final knot to secure closure.

Recently, a new endoscopic suturing system has been introduced, consisting of a flexible needle holder, which allows standard surgical needles to be manipulated to perform continuous manual suturing (**Fig. 1**).

In our case (Video 1), after performing the standard G-POEM technique, endoscopic suturing was performed manually to minimize the risk of dehiscence and facilitate the suturing technique. A 3–0 barbed suture was used, as this type of suture does not require a knot to be tied to secure it. With only three stiches (Fig.2a), we managed to completely close the mucosal incision; a final fourth stitch was applied in the opposite direction and secured with a simple knot to complete the closure (Fig.2b).

This recently introduced endoscopic hand suturing method for closure of mucosal resection defects can be used for the closure of mucosotomies in third space techniques. We believe that the development of new suturing techniques, such as the one described here, will facilitate and provide security to the closures of third space techniques in more complex locations, such as in the presented case.

Endoscopy_UCTN_Code_TTT_1AO_2AO

Acknowledgement

The article processing charge for this article was covered by Olympus Europa SE & Co. KG.

Conflict of Interest

The authors declare that they have no conflict of interest.

The authors

Pedro J. Rosón¹, Francisco Fernandez Cano¹, Mari A. Romero¹, Alicia Paris¹

 Digestive System and Endoscopy Unit, Hospital Vithas Xanit, Benalmadena, Spain

Corresponding author

Pedro J. Rosón, MD

Digestive System and Endoscopy Unit, Hospital Vithas Xanit, Av. de los Argonautas, s/n, Benalmadena, Málaga 29630, Andalucía, Spain

pjroson@gmail.com

Reference

[1] Mekaroonkamol P, Shah R, Cai Q. Outcomes of per oral endoscopic pyloromyotomy in gastroparesis worldwide. World J Gastroenterol 2019; 25: 1–2. doi:10.3748/wjg.v25. i8.909

Bibliography

Endoscopy 2024; 56: E518–E519 **DOI** 10.1055/a-2334-2750 **ISSN** 0013-726X © 2024. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited.

(https://creativecommons.org/licenses/by/4.0/)

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



ENDOSCOPY E-VIDEOS https://eref.thieme.de/e-videos



E-Videos is an open access online section of the journal *Endoscopy*, reporting on interesting cases

and new techniques in gastroenterological endoscopy. All papers include a high-quality video and are published with a Creative Commons CC-BY license. Endoscopy E-Videos qualify for HINARI discounts and waivers and eligibility is automatically checked during the submission process. We grant 100% waivers to articles whose corresponding authors are based in Group A countries and 50% waivers to those who are based in Group B countries as classified by Research4Life (see: https://www.research4life.org/access/eligibility/).

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos