Cap-assisted large cold snare removal of a giant phytobezoar

A 56-year-old woman presented to our department with a 1-day history of hematemesis and a 2-year history of eating persimmons. After the patient had received an injection of proton pump inhibitor, we found a giant phytobezoar (about 6×4 cm) in her stomach on gastroscopy (► **Fig. 1 a**). The phytobezoar was turned into an upright position with the endoscope in the inverted position (► **Video 1**). A large snare (4 cm in diameter) was used to trap the phytobezoar (► **Fig. 1 b**); however, it was hard to crush the phytobezoar when tightening the snare. Therefore, the tightened snare was pulled into the cap to cold-cut the phytobezoar using cap assistance. After repeated snare-trapping and cap-assisted cold-cutting, the phytobezoar was finally cut into several pieces. The larger pieces were pulled out using the snare (► **Fig. 2**); the leftover small pieces were washed out of the body using oral polyethylene glycol. A subsequent gastroscopy, 2 days after the cap-assisted cold-cutting snare removal procedure, revealed a clear stomach (► **Fig. 3**). Gastric bezoars can be removed by drinking coco-cola, or the use of forceps, snare, or DualKnife [1,2]; however, a giant gastric bezoar is difficult to remove. A previous report described cap-assisted cold snare removal of a small cyanoacrylate glue bezoar [3]. Herein, we show that a cap-assisted cold snare technique can also be used to easily remove giant phytobezoars with large diameters.

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Competing interests

The authors declare that they have no conflict of interest.

► **Fig. 1** Endoscopic views showing: **a** a giant phytobezoar (about 6×4 cm) in the stomach; **b** a large cold snare being used to trap the phytobezoar.

► **Fig. 2** Photograph of some of the larger pieces of the phytobezoar that were removed with the snare.

► **Fig. 3** Image from a repeat endoscopy 2 days after the cold snare excision showing a clear stomach.

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Large-size snare traps the bezoar

Video 1 A giant phytobezoar is removed using a repeated cap-assisted large cold snare technique to fragment the bezoar, with the larger pieces being removed with the snare, leaving the stomach clear after flushing with oral polyethylene glycol.

Bibliography

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