Methods of closing mucosal defects after gastric endoscopic submucosal dissection (ESD) have been reported [1–3]. However, closing large mucosal defects in the stomach is considered difficult compared with other parts of the intestinal tract because the submucosal layer is thick [4]. We designed the thread-assisted closure method using a locking-clip technique (LCT) for closing mucosal defects.

Thread-assisted closure using LCT uses clips and a thread (commercially available dental floss). After setting the clip, the thread is fixed on the proximal side of the clip’s tooth (▶Fig. 1). LCT involves the clip and thread becoming strongly fixed when fully opened. First, a threaded clip is attached to the marginal defect edge followed by the mucosal defect margin on the contralateral side. Next, LCT is performed by pulling the thread and bringing the mucosal defect margins close to each other (▶Video 1). The mucosal defect margins are fixed, and the defect base is completely closed by repeating the technique.

We closed a mucosal defect of approximately 50 mm in size after gastric ESD using thread-assisted closure via LCT. First, the endoscope was pulled out from the stomach, a clip fixed with the thread was attached, and the scope was reinserted. The first clip was attached to the marginal part of the defect on the anal side. Subsequently the second clip was attached to the mucosal defect margin. Finally, LCT was used to completely fix the margins (▶Fig. 2, ▶Video 1). Repeated LCT helped perform thread-assisted closure multiple times to completely close the defect. The patient was discharged uneventfully.

Thread-assisted closure and line-assisted complete closure are effective methods for closing mucosal defects. By using LCT, it was possible to perform thread-assisted closure several times with a single thread and bring rigid mucosal defect margins together. Thread-assisted closure using LCT is a safe and effective mucosal defect closure method.
Competing interests

None

The authors

Tatsuma Nomura1,2, Akira Kamei2, Shinya Sugimoto3, Tetsuro Harada1, Jun Oyamada2
1 Department of Gastroenterology, Kinan Hospital, 4750 Atawa, Mihama-cho, Minamimuro-gun, Mie 519-5293, Japan
2 Department of Gastroenterology, Ise Red Cross Hospital, Ise, Mie, Japan

Corresponding author

Nomura Tatsuma, MD
Department of Gastroenterology, Kinan Hospital, 4750 Atawa, Mihama-cho, Minamimuro-gun, Mie, Japan
Fax: +81-5-9792-3357
m06076tn@icloud.com

References


Bibliography

DOI https://doi.org/10.1055/a-0725-7754
Published online: 2018
Endoscopy
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

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

Fig. 2 Locking-clip technique. a Mucosal defect after gastric endoscopic submucosal dissection. b A threaded clip is attached to the marginal defect edge. c Thread-assisted mucosal closure using the locking-clip technique. d Completely closed mucosal defect after gastric endoscopic submucosal dissection.