A 61-year-old man was referred for an iron-deficiency anemia diagnostic process. Upper gastrointestinal endoscopy was performed and fortuitously revealed a small gastric subepithelial lesion. Endoscopic ultrasound (EUS) characterization revealed a solid lesion, with fusiform morphology, well-defined by smooth edges and an hypoechoic homogeneous internal pattern, measuring \(12.3 \times 5.8\) mm, and originating in the muscularis propria layer, which confirmed a subepithelial tumor (▶Fig. 1). With the aim of avoiding EUS surveillance of the subepithelial tumor, a minimally invasive removal technique was planned [1 – 3]. Endoscopic band ligation of the subepithelial tumor was done using a Captiva-tor endoscopic mucosal resection standard gastroscope device (Boston Scientific, Quincy, Massachusetts, USA) combined with a single-incision needle knife (SINK) biopsy (XL Triple-lumen needle knife; Boston Scientific; and pure-cut 90-W, Beamer CE600; ConMed, Utica, New York, USA). A standard videogastroscopy was used, and four biopsy samples were obtained (Radial Jaw large capacity biopsy forceps; Boston Scientific) (▶Fig. 2). The patient remained in hospital for 24 hours and was called at 48 hours and 7 days after the procedure, with no incidents or adverse events being reported (▶Video 1).

Pathological and immunohistochemistry examination revealed a fascicular proliferation of fusiform eosinophilic cells, negative for CD117 (c-kit) and DOG1, and positive for desmin and caldesmon, corresponding to the diagnosis of a leiomyoma (▶Fig. 3).

The first EUS control, at 5 weeks after the procedure, revealed a complete disappearance of the subepithelial tumor features, showing a discreet eschar (simple biopsy with 4 samples, showing normal gastric mucosa). Long-term EUS control at 1 year showed that the subepithelial tumor had vanished, confirming the successful result and allowing discontinuation of endoscopic surveillance (▶Fig. 4).
Endoscopic band ligation combined with SINK biopsy seems to be an effective minimally invasive technique that is safer than endoscopic resection for treating a gastric subepithelial tumor originating in the muscularis propria [4, 5].

Competing interests

None

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References


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