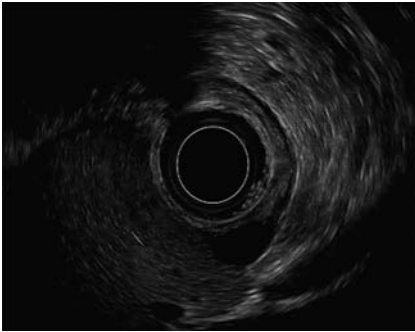
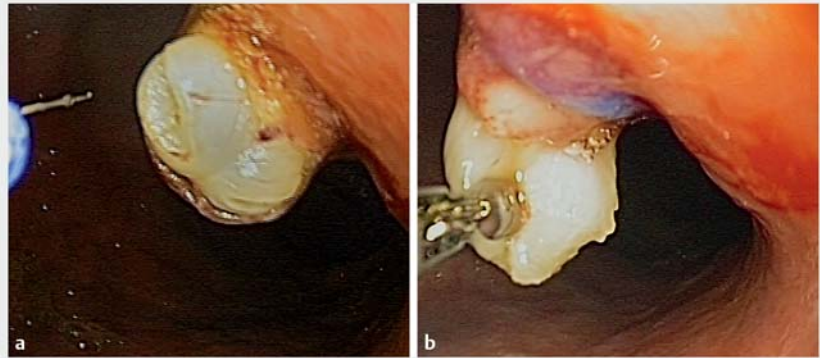


Endoscopic band ligation plus single-incision needle knife biopsy for small subepithelial deep-layer tumor: easy and effective



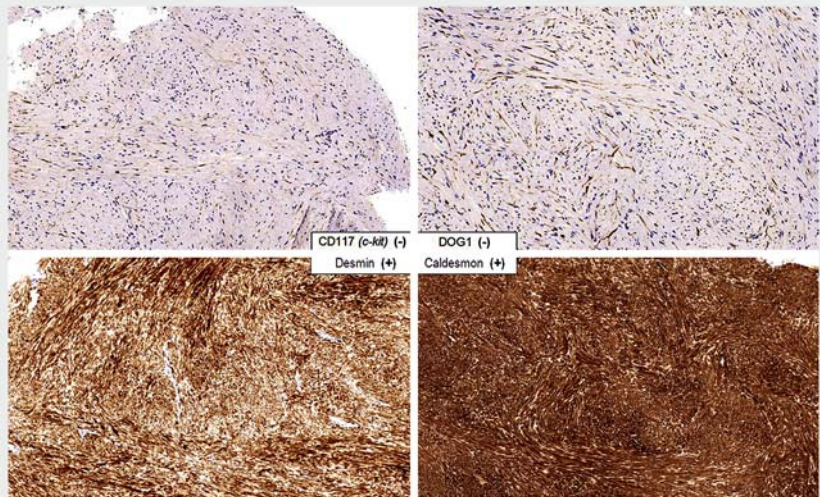
► **Fig. 1** Endoscopic ultrasound view of a small gastric subepithelial tumor, seen fortuitously during a diagnostic process for iron-deficiency anemia.



► **Fig. 2** **a** Subepithelial tumor: endoscopic view of single-incision needle knife (SINK) biopsy. **b** Use of biopsy forceps to obtain samples for anatomopathological study.

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 × 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 Captivator 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 videogastroscope 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



► **Fig. 3** Immunohistochemistry markers confirming a leiomyoma.

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**).



► **Fig. 4** Endoscopic view of gastric wall 1 year after the procedure, showing no sign of the subepithelial tumor.



► **Video 1** Endoscopic band ligation without resection, plus single-incision needle knife biopsy, for a gastric subepithelial tumor.

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].

Endoscopy_UCTN_Code_TTT_1AO_2AG

Competing interests

None

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