

Endoscopic ultrasound-guided radiofrequency ablation for management of gastric gastrointestinal stromal tumor

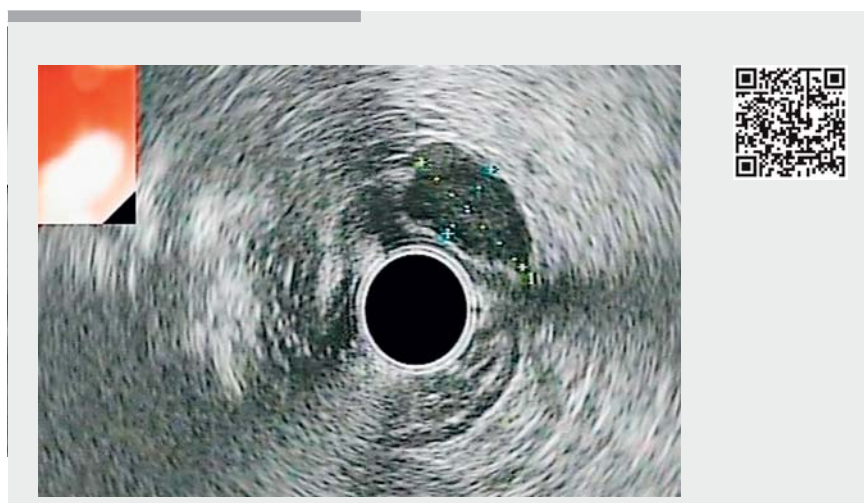
A 56-year-old man presented with abdominal pain and dyspepsia. On upper digestive endoscopy, a submucosal lesion was found in the distal gastric lesser curvature, but no conclusive diagnosis could be achieved with conventional biopsies. Endoscopic ultrasound (EUS) showed a 12×7 mm well-defined, homogeneous, hypoechoic nodule without signs of infiltration into the muscularis propria, suggestive of benign gastrointestinal stromal tumor (GIST) (► **Fig. 1**). Fine-needle aspiration with a 22-gauge needle (Expect; Boston Scientific, Marlborough, Massachusetts, USA) was performed, confirming a low risk GIST. Histopathological examination revealed a GIST presenting less than 5 mitoses per high-power field.

The patient rejected surgical treatment, so we proposed EUS-guided radiofrequency ablation (RFA) (► **Video 1**). We punctured the lesion with an 18-gauge EUS-RFA electrode needle connected to a radiofrequency generator (VIVA-RF generator; STARme, Seoul, South Korea), and applied ablative radiofrequency four times (50W for 10 seconds).

EUS follow-up was performed after 4 weeks, and showed a slight mural thickening of the muscularis propria and submucosal layers; the lesion itself could not be identified (► **Fig. 2**). A fine-needle biopsy with 22-gauge histological needle (Acquire; Boston Scientific) was performed and confirmed the absence of GIST-type mesenchymal structures. A second EUS 6 months later confirmed eradication of the lesion, and showed a well-preserved layer pattern (► **Fig. 3**). Guidelines recommend radical surgical resection with a clear margin (R0) as the gold standard for localized primary GIST [1]. Although endoscopic resection of GISTs has been reported [2], it is not supported by current guidelines because of the low rate of successful R0 resections achieved [1]. RFA uses high frequency alternating current applied via an elec-



► **Fig. 1** Endoscopic ultrasound image of gastrointestinal stromal tumor. **a** Radial view. **b** Linear view.



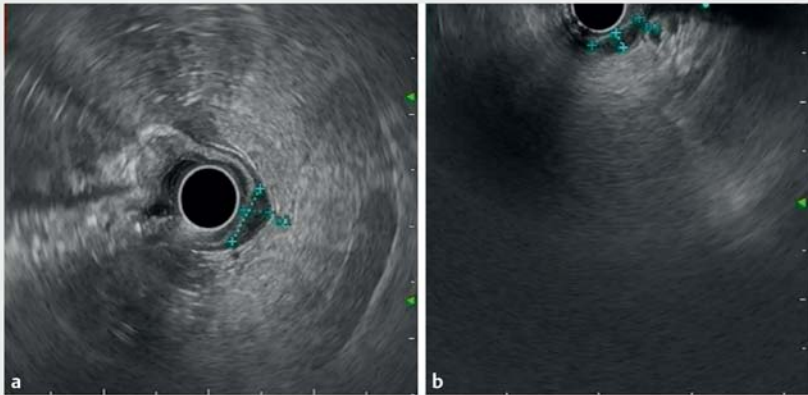
► **Video 1** Diagnosis of benign gastrointestinal stromal tumor (GIST) and treatment with endoscopic ultrasound (EUS)-guided radiofrequency ablation (RFA). EUS follow-up was performed after 4 weeks, and showed a slight mural thickening of the muscularis propria and submucosal layers, while the lesion itself could not be identified. A second EUS 6 months later confirmed eradication of the lesion, and showed a well-preserved layer pattern.

trode to generate localized areas of coagulative necrosis and tissue desiccation [3,4]. Although it is usually applied percutaneously or laparoscopically, successful outcomes of EUS-guided RFA using an 18-gauge needle for benign and malignant pancreatic lesions have been reported recently [5]. To our knowledge, this is the first report of a successful ablative radiofrequency therapy of a gastric GIST.

Endoscopy_UCTN_Code_TTT_1AS_2AB

Competing interests

None



► **Fig. 2** Endoscopic ultrasound image of gastrointestinal stromal tumor after treatment with ablative radiofrequency. **a** Radial view. **b** Linear view.



► **Fig. 3** Endoscopic ultrasound 6 months later confirmed eradication of the lesion, and showed a preserved layer pattern.

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