Successful closure of huge perforation during rectal endoscopic submucosal dissection using an endoscopic string clip suturing method and polyglycolic acid sheets and fibrin glue

Recently, endoscopic string clip suturing has been reported to be a useful suturing method [1], and polyglycolic acid (PGA) sheets and fibrin glue have been used to close perforations in the colon [2, 3]. Here we report successful closure of a huge perforation during rectal endoscopic submucosal dissection (ESD) near the anastomosis site using an endoscopic string clip suturing method with the use of PGA sheets and fibrin glue.

ESD was performed in a 58-year-old man with a 20-mm adenocarcinoma on the lower rectum near the anastomosis site. During ESD, we observed very strong fibrosis and performed submucosal dissection with difficulty. We had unknowingly removed both the lesion and muscle layer. After resection of the lesion, there was a huge perforation of about 30 mm (Fig. 1a). We tried to close the perforation near the anastomosis site using an endoscopic string clip suturing method. Braided polyester (USP 3-0; Natsume Seisakusho Co., Ltd, Tokyo, Japan) was used as the suture thread. The site was closed using three suture clips with thread. This suture allowed the mucous membrane to be pulled to the anal side, but there were gaps left in some places, making it an incomplete suture. Several small PGA sheets (2 × 1 cm) were packed in a gap using the method proposed by Takimoto et al. [4]. Finally, fibrin glue was sprayed (Video 1, Fig. 1b). Computed tomography after the procedure revealed a large amount of air behind the peritoneum (Fig. 1c).

The ulcer was on a healing trend after 1 week (Fig. 2a). The length of hospital stay was 18 days. After about 2 months, the ulcer was completely cured (Fig. 2b).
An endoscopic string clip suturing method with the use of PGA sheets may be effective for minimizing adverse events.

**Competing interests**

The authors declare that they have no conflict of interest.

**The authors**

Satoshi Abiko1,2, Itsuki Sano1, Ayumu Yoshikawa1, Kazuki Harada1, Naoki Kawagishi1, Hisashi Oda1, Takuto Miyagishima1
1 Department of Gastroenterology, Kushiro Rosai Hospital, Kushiro, Japan
2 Department of Gastroenterology and Hepatology, Hakodate Municipal Hospital, Hakodate, Japan

**Corresponding author**

Satoshi Abiko, MD, PhD
Department of Gastroenterology and Hepatology, Hakodate Municipal Hospital, 1-10-1, Minato-cho, Hakodate, 041-8680, Japan
Fax: +81-138-43-4434
abiko1982@gmail.com

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Endoscopy 2022; 54: E290–E291
DOI 10.1055/a-1519-6555
ISSN 0013-726X
published online 2.7.2021
© 2021. Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

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