Double-band ligation-assisted endoscopic submucosal resection for type 1 gastric neuroendocrine tumor with type A gastritis

A 72-year-old woman was diagnosed with a 10-mm type 1 gastric neuroendocrine tumor (NET) in the gastric body, associated with type A gastritis and diabetes mellitus (Fig. 1a). Endoscopic ultrasonography indicated that the lesion was confined to the submucosa. In order to resect the lesion completely with clean margins, we applied a double-band ligation-assisted endoscopic submucosal resection (dL-ESMR) technique.

The NET was sucked into the ligator to ensure that the entire submucosal lesion was completely contained. Two bands were then released successively below the lesion. Next, a snare was deployed under the second band for resection with Endocut Q (Effect 3, Cut duration 2, Cut interval 4) (Fig. 1b). The wound was clean, without bleeding or perforation (Fig. 1c). The whole process took about 10 minutes. Histological examination showed a grade 2 NET with submucosal invasion depth of 3798 μm. Both vertical and horizontal margins were negative (Fig. 1d).

Bas-Cutrina et al. reported that endoscopic band ligation without resection was a safe and effective option for management of small subepithelial tumors [1]. However, this approach did not allow complete pathology assessment. For larger gastric NETs, dL-ESMR can avoid damage to the muscularis propria while ensuring complete resection. Therefore, dL-ESMR may be successfully applied to treat larger gastric NETs, most of which involve the submucosa, as in the current case (Video 1).

Competing interests

The authors declare that they have no conflict of interest.

Video 1 Double-band ligation-assisted endoscopic submucosal resection for type 1 gastric neuroendocrine tumor with type A gastritis.
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