Complete closure of mucosal defect after colonic endoscopic submucosal dissection using clip with a silicone traction band

Endoscopic submucosal dissection (ESD) is a standard treatment for colorectal neoplasms, but the risk of severe post-operative complications persists even after successful ESD [1, 2]. Therefore, complete closure of defects after ESD is essential to prevent such complications [3]. Although complete closure is a technically difficult procedure, several techniques have been developed to assist [4, 5]. Herein, we present a case of successful complete closure of a mucosal defect after colonic ESD using clips with a silicone traction band (Fig. 1).

ESD was performed to resect a 35-mm laterally spreading tumor located in the ascending colon; however, a 50-mm mucosal defect remained after lesion retrieval. Pulsating vessels and minor muscular injuries were observed in this defect. Endoscopic closure using clips with a silicone traction band was performed on the lesion (Video 1). The first clip with a band was placed at the proximal edge of the mucosal defect after colonic endoscopic submucosal dissection (Fig. 2 a). The second clip was placed at

►Fig. 1 The clip with a silicone traction band (arrow).

►Fig. 2 Schemata showing key steps of the endoscopic closure using clips with a silicone traction band. a The first clip with a silicone traction band was placed at the proximal margin of the mucosal defect after colonic endoscopic submucosal dissection. b The second clip hooked the silicone traction band attached to the base of the first clip. c The second clip was placed at the distal opposite margin of the mucosal defect. d Bridging the bilateral mucosal edges using clips with a silicone traction band changed the oval shape of the mucosal defect to a figure-of-eight shape. e Conventional clips were placed at the left side of the figure of eight. f Conventional clips were also placed on the right side of the figure of eight. Complete closure of the mucosal defect was then achieved.
the distal opposite edge, and it hooked the silicone traction band attached to the base of the first clip (▶ Fig. 2b, c). Bridging the bilateral mucosal edges changed the shape from large oval to a figure of eight (▶ Fig. 2d). Subsequently, complete closure of the mucosal defect was achieved by placing conventional clips on both sides (▶ Fig. 2e, f). No complications occurred following the procedure.

The elastic energy of the silicone traction band attached to the base of the clip was sufficiently large to generate an appropriate traction force between the two clips. The advantage of this clip is that it is easily available and does not require preparation of any complicated device. Second, it is repositionable until the clips are placed at the right site. This method can be a good option for complete endoscopic closure of mucosal defects after colorectal ESD.

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Competing interests

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The authors

Kosuke Maehara1, Mitsuru Esaki1,2,2* Yorinobu Sumida1, Shin-ichiro Fukuda1, Yosuke Minoda2, Eikichi Ihara2,3, Hirota Akiko1

1Department of Gastroenterology, Kitakyushu Municipal Medical Center, Kitakyushu, Fukuoka, Japan
2Department of Medicine and Bioregulatory Science, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan
3Department of Gastroenterology and Metabolism, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan

Corresponding author

Mitsuru Esaki, MD
Department of Medicine and Bioregulatory Science, Graduate School of Medical Sciences, Kyushu University, 3-1-1, Maidashi, Higashi-ku, 812-8582, Fukuoka, Japan
esaki_saiseikai@yahoo.co.jp

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