A 54-year-old woman presented with a stromal tumor (approximately 2 × 1 cm) in the gastric fundus (Fig. 1 and Fig. 2a). After it had been marked and submucosal injection performed under endoscopic guidance, an electrosurgical knife was used to make a circular incision (Video 1). This was challenging because of the difficult approach and the high risk of perforation, with an IT knife being used to make the incision (Fig. 2b). A clip-anchored loop was fixed 1 cm from the incised wound (Fig. 2c). A snare was then used to trap the incised mucosa and lift it, with the loop ring being slowly tightened (Fig. 2d). After the snare was released, inversion of the tumor was observed (Fig. 2e and Fig. 3). Next, an electrosurgical knife was used to cut and expose the tumor margins, and a snare was then used to trap the tumor base and perform electrosurgical excision (Fig. 2f). After the excision, the clean inverted wound was sutured using clips (Fig. 2g). Finally, the loop was released. The resected specimen was an intact tumor measuring approximately 2 × 1 cm (Fig. 4). At follow-up 1 month later, a flat wound with a residual loop was observed (Fig. 5).

Endoscopic full-thickness resection (EFTR) is regularly used to treat gastric stromal tumors, is considered safe, and has a clinical outcome equivalent to the laparoscopic approach.
surgery [1]. Gastric fundal tumors are associated with a high risk of perforation [2]. If perforation occurs, infection, intraperitoneal implantation metastasis, and postoperative bleeding of the serosal surface are potential concerns [3]. Several methods have been recommended for the management of unavoidable perforations [4]. We used a clip to fix the loop around the tumor and a snare to invert it. Double-suture techniques involving loops and clips are safe, easy, and quick.

Competing interests

The authors declare that they have no conflict of interest.

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