Guidewire-assisted piecemeal resection of a giant gastric tumor

A 55-year-old woman underwent esophagogastroduodenoscopy, which revealed a large subepithelial lesion located at the gastroesophageal junction, presenting a “horseshoe” morphology (▶Fig. 1). A subsequent computed tomography (CT) scan and endoscopic ultrasonography indicated the lesion was a solid mass protruding into the lumen. The patient then underwent endoscopic submucosal resection, resulting in complete excision of the lesion. Due to the considerable size of the tumor, traditional snare-based extraction was unfeasible. Therefore, an innovative slicing technique was employed (▶Video 1).

To implement this technique, a transparent cap was affixed to the distal end of the endoscope. A guidewire, ingeniously shaped into a semicircle (▶Fig. 2), was inserted into the working channel. Under direct visualization, the waist of the tumor was ensnared and repositioned anteriorly, aligned with the transparent cap. The guidewire was then meticulously retracted, enabling precise cold cutting procedure, resulting in their methodical segmentation into distinct fragments.

This technique, while previously reported for disintegration of robust and oversized gastric bezoars [1], had not found prior application for excision of sizable, non-extractable gastric masses. With the development of endoscopic excision...
techniques, comprehensive resection of enormous gastric leiomyomas is now achievable [2, 3]. However, to prevent and manage post-resection intestinal obstruction from tumor migration and obtain definitive histopathological diagnosis, guidewire-assisted cold cutting emerges as an efficacious approach.

Conflict of Interest

The authors declare that they have no conflict of interest.

The authors

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References


Fig. 4 The specimen was methodically extracted in segmented portions, measuring approximately 10 centimeters in length.