Removal of an embedded gastric fishbone by traction-assisted endoscopic full-thickness resection

A 65-year-old man was referred to our hospital with a half-year history of upper abdominal pain. Endoscopy showed a submucosal eminence on the anterior wall of the gastric antrum (Fig. 1a). Endoscopic ultrasonography (EUS) revealed a hyperechoic lesion in the gastric submucosa (Fig. 2). A computed tomography (CT) scan showed a long, high density shadow in the gastric antrum, locally protruding into the serosal cavity (Fig. 3). Emergency endoscopy was performed with the patient under general anesthesia and with endotracheal intubation (Video 1). The mucosa of the gastric antrum was circumferentially incised, exposing one side of the fishbone (Fig. 1b). Attempts to extract it using foreign body forceps were unsuccessful, indicating significant adhesion with the surrounding tissues (Fig. 1c). Snare traction was then employed (Fig. 1d). Subsequently, we performed traction-assisted endoscopic full-thickness resection (EFTR), revealing that the base of the fishbone was enveloped within the omentum (Fig. 1e). After the adhesions had been dissected, a 2.5-cm long fishbone was successfully extracted (Fig. 4) and the perforation was immediately closed with several metal clips (Fig. 1f). The operative and postoperative periods were uneventful, without any complications.

A fishbone invading the intrinsic muscularis and serosa of the gastric wall is rare [1]. Removal is often more challenging when there has been prolonged penetration of the gastric wall, and the risk of complications increases [2, 3]. We performed traction using a snare combined with endoclips to assist in ETFR to successfully remove the fishbone. In this case, laparoscopic and open surgery were avoided.

Conflict of Interest

The authors declare that they have no conflict of interest.

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