A 77-year-old woman was sent to our center for radiological investigation of a suspect pancreatic lesion. A computed tomography (CT) scan with contrast had been performed of a malignant pancreatic neoplasia invading mesenteric vessels and conditioning jaundice. Under deep sedation with intravenous propofol (Diprivan; Astra Zeneca, Wilmington, Delaware, North Carolina, USA), the patient underwent endoscopic ultrasound to stage the lesion. During the passage of the endoscope between the stomach and duodenum, we observed a 15-mm diameter, full-thickness lesion on the posterior wall of the duodenal bulb, just above the duodenal knee.

Using an operative gastroscope (Pentax EG 3490K; Pentax, Hamburg, Germany), we tried to place on the perforation an 11-mm clip with sharp teeth (Ovesco Endoscopy, Tübingen, Germany) but, during the passage of the mouthpiece, the clips were accidentally released on the tongue (Fig. 1). This was probably due to too much thread tension release. The clip was immediately removed manually.

Competing interests: None