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Summary

# SAFETY AND EFFICACY OF USING ONLY HEMOCLIPS FOR DEFECT CLOSURE OF CAP ASSISTED ENDOSCOPIC MUCOSAL RESECTION IN DUODENUM

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**A prospective single-center study of 21 patients demonstrated 100% complete closure rate and zero adverse events when using only hemoclips to close defects after cap-assisted endoscopic mucosal resection of superficial non-ampullary duodenal epithelial tumors smaller than 10mm.**

## KEY POINTS

- All 21 patients achieved complete defect closure with hemoclips alone (median 7 clips per closure) with no delayed bleeding, perforation, or ulcer dehiscence on day-one check endoscopy.
- En bloc and R0 resection rates were both 100%, with pathology showing low-grade dysplasia in 42.9% and high-grade dysplasia in 57.1% of lesions.
- Mean total procedure time was 14.9±4.9 minutes (resection 5.7±1.8 minutes, closure 9.3±3.9 minutes) with mean post-procedure hospitalization of 2.2±0.9 days.
- The authors state this is the first study to demonstrate this safety profile for hemoclip-only closure and suggest the technique is easy to perform and may reduce procedure time and cost compared to other closure methods.
- Clinicians performing endoscopic resection of small duodenal lesions may find these technical outcomes and closure data relevant, though the authors note larger studies are warranted.

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