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Summary

ENDOSCOPIC SUTURING FOR NON-BARIATRIC APPLICATIONS IN THE UPPER GASTROINTESTINAL TRACT CAN BE PERFORMED WITH HIGH RATES OF IMMEDIATE TECHNICAL AND CLINICAL SUCCESS

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A UK tertiary centre retrospective series of 56 Apollo OverStitch™ endoscopic suturing applications across 35 patients for diverse upper GI indications reports high immediate technical success (91.1%) but a 61.8% recurrence rate in the defect closure cohort.

KEY POINTS

- Technical success was achieved in 51 of 56 applications (91.1%), with immediate clinical success in 91.9% of defect closure cases, across indications including iatrogenic and spontaneous perforations, anastomotic and gastrocutaneous fistulas, post-bariatric leaks, and stent fixation.
- Recurrence occurred in 61.8% (21/34) of defect closure cases, though long-term clinical success was still achieved in 68.2% (15/22) of cases with available follow-up data.
- Technical failure occurred most frequently (3 of 5 failures) at the D1/D2 duodenal junction in iatrogenic perforations, with an overall technical success rate of only 40% for duodenal perforations at this location.
- Stent migration occurred in 35.7% (5/14) of stent fixation cases, and bleeding complications occurred in 3.6% (2/56) of all applications, both managed endoscopically during the procedure.
- This series represents the largest and most diverse UK cohort for non-bariatric upper GI endoscopic suturing applications between August 2018 and March 2023.

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