TECHNICAL DIFFICULTY AND CLINICAL COURSES OF ENDOSCOPIC HAND SUTURING AFTER GASTRIC ENDOSCOPIC SUBMUCOSAL DISSECTION WITH SPECIAL REFERENCE TO THE LOCATION

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Endoscopic hand suturing for mucosal defect closure after gastric endoscopic submucosal dissection achieved 99% complete closure but showed location-dependent technical difficulty and dehiscence rates in 74 lesions.

KEY POINTS

- Technical success was lower in the upper stomach (90%) compared to middle and lower regions (both 100%, p=0.039), while success rates did not differ significantly by wall location
- Closure was maintained at second-look endoscopy in 88% overall, with a trend toward lower maintenance on the lesser curvature (75%) compared to other walls (93-100%, p=0.062)
- Delayed bleeding occurred in 3% of cases with no severe adverse events, despite 68% of patients continuing antithrombotic agents perioperatively
- Mean suturing time was 41 minutes with 7 stitches (5.5 min/stitch) for defects averaging 33 mm diameter, with no significant speed differences by location
- The study suggests EHS on the upper stomach requires greater operator experience and that lesser curvature lesions need more careful technique to reduce dehiscence risk

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