LONG TRANSPARENT CAP SUTURING TECHNIQUE FOR THE CLOSURE OF ENDOSCOPIC FULL-THICKNESS RESECTION DEFECTS: A NOVEL ALTERNATIVE

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A retrospective study of 62 patients evaluated a novel long transparent cap suturing technique for closing full-thickness gastric defects after endoscopic resection of submucosal tumors, achieving 100% technical success with low complication rates.

KEY POINTS

- All 62 patients who underwent endoscopic full-thickness resection for gastric submucosal tumors between January 2017 and March 2023 had successful defect closure using the long transparent cap suturing technique (100% technical success rate).
- Median tumor size was 1.5 cm, median suturing time was 14 minutes, and median hospital stay was 4.5 days; postoperative complications included bleeding in 1 case, fever in 3 cases, and abdominal pain in 2 cases.
- During median 29-month follow-up, no residual lesions, tumor recurrence, metastasis, or digestive tract fistulas were observed.
- The authors concluded that this technique offers a simple and effective alternative to existing closure methods, which may have limited availability in some centers due to equipment variations and cost considerations.

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