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Submucosal tunneling endoscopic resection of a rare gastric hemangioma

Abstract:

Gastric subepithelial lesion (SEL) is not uncommonly detected during upper endoscopy. Endoscopic ultrasonography is the usual next step of investigation to determine the layer of the stomach that the lesion is situated at. SELs that are from submucosal layer and muscularis propria can be removed by endoscopic technique if expertise is available. Gastric hemangioma, which is originated from the submucosa, is a rare finding in upper endoscopy. Despite its benign nature, it can cause gastrointestinal bleeding. Conventionally, symptomatic hemangioma is resected by surgery. Endoscopic resection of the gastric hemangioma is a novel approach to manage this condition. We present a case of gastric hemangioma that was resected by submucosal tunneling endoscopic resection (STER). The technique of STER involves creating a mucosal incision proximal to the lesion followed by constructing a submucosal tunnel towards the lesion. The lesion can then be resected and removed through the tunnel. This technique results in small mucosal defect that can be closed easily and preserve the integrity of the stomach. Our case had the STER done uneventfully and the histology of specimen confirmed hemangioma.

Keywords: Endoscopy, endoscopic submucosal dissection, subepithelial lesion.

Biography: Dr. Sze KK is currently Associate Consultant in the Gastroenterology and Hepatology team, Department of Medicine and Geriatrics in Tuen Mun Hospital in Hong Kong SAR. Dr. Sze has special interests in early detection and treatment of gastrointestinal cancers, and advanced interventional endoscopy.