

CASE REPORT

LOCKADO™ CLIPS IN AN ENDOLOOP-CLIP CLOSURE TECHNIQUE

By Dr. med. Christian Gerges

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INDICATION:

A 72-year-old patient with an ambulant diagnosed gastric adenoma is hospitalized for endoscopic resection. Due to high risk of early gastric cancer in the lesion, en-bloc resection is indicated. The adenoma lies in the antrum, on the large-curvature side and is approx. 3 cm in size. The patient is therefore planned for en- bloc ESD.

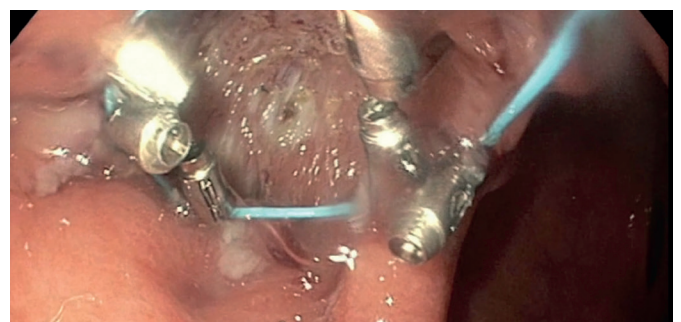
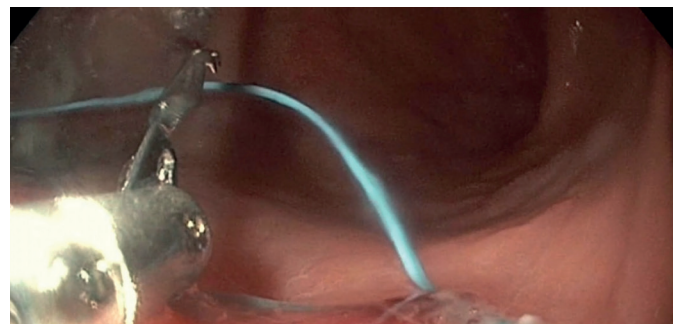
FINDINGS:

First, the outer edge of the ablation is marked. Then a circular incision is made. Now the lesion is gradually dissected with the ESD knife.

From the middle of the ablation onwards, further preparation becomes more difficult, as the device hits the frontal part of the stomach wall.

Therefore, a LOCKADO™ clip is deployed on the lesion with a dental floss attached to it. By gently pulling out the floss, enough traction can be exerted to successfully complete the dissection. Now an Endoloop system is inserted next to the endoscope and stretched in the stomach.

With several rotatable LOCKADO™ clips, the Endoloop can be fixed at the edge of the dissection. Finally, the Endoloop is pulled together and the wound is completely closed.

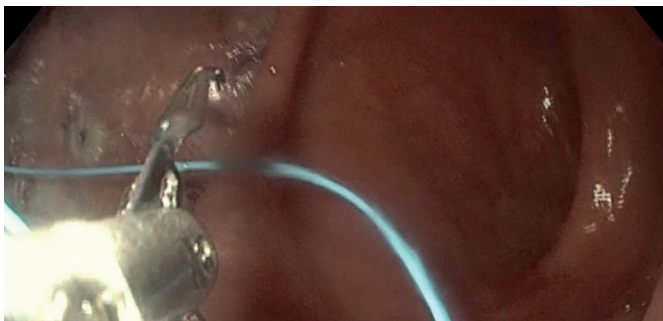
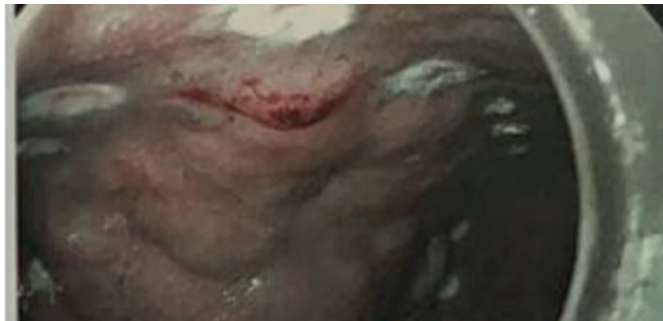
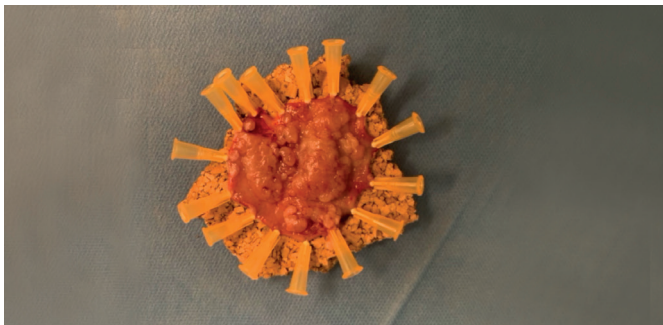




PRODUCT EVALUATION:

The LOCKADOTM clip is suitable for complex endoscopic procedures. Due to its rotatable arms it can be positioned accurately. The additional side claws help in gripping the mucosa firmly even under difficult angles and to adapt to wound edges.

In addition, the enormous bite strength also offers a decisive advantage in the case of strong muscle tension, e.g. in the stomach, esophagus, heavy bleeding or scars. Wound closures, as in the case described above, are only possible if the clips used are absolutely secure.



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