

# Successful Endoscopic Full Thickness Resection of a Submucosal Tumor: A Rare Result

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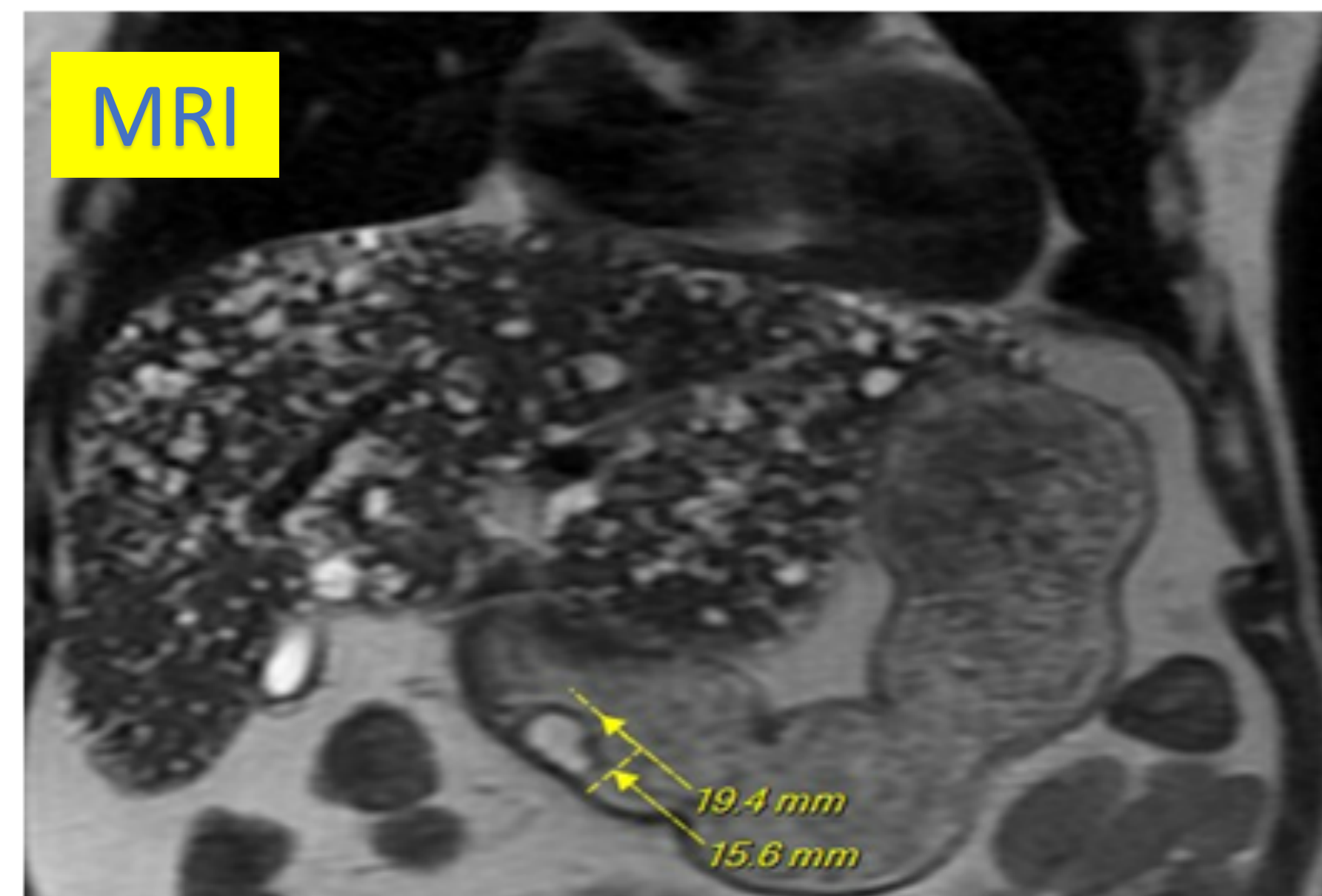


## Background

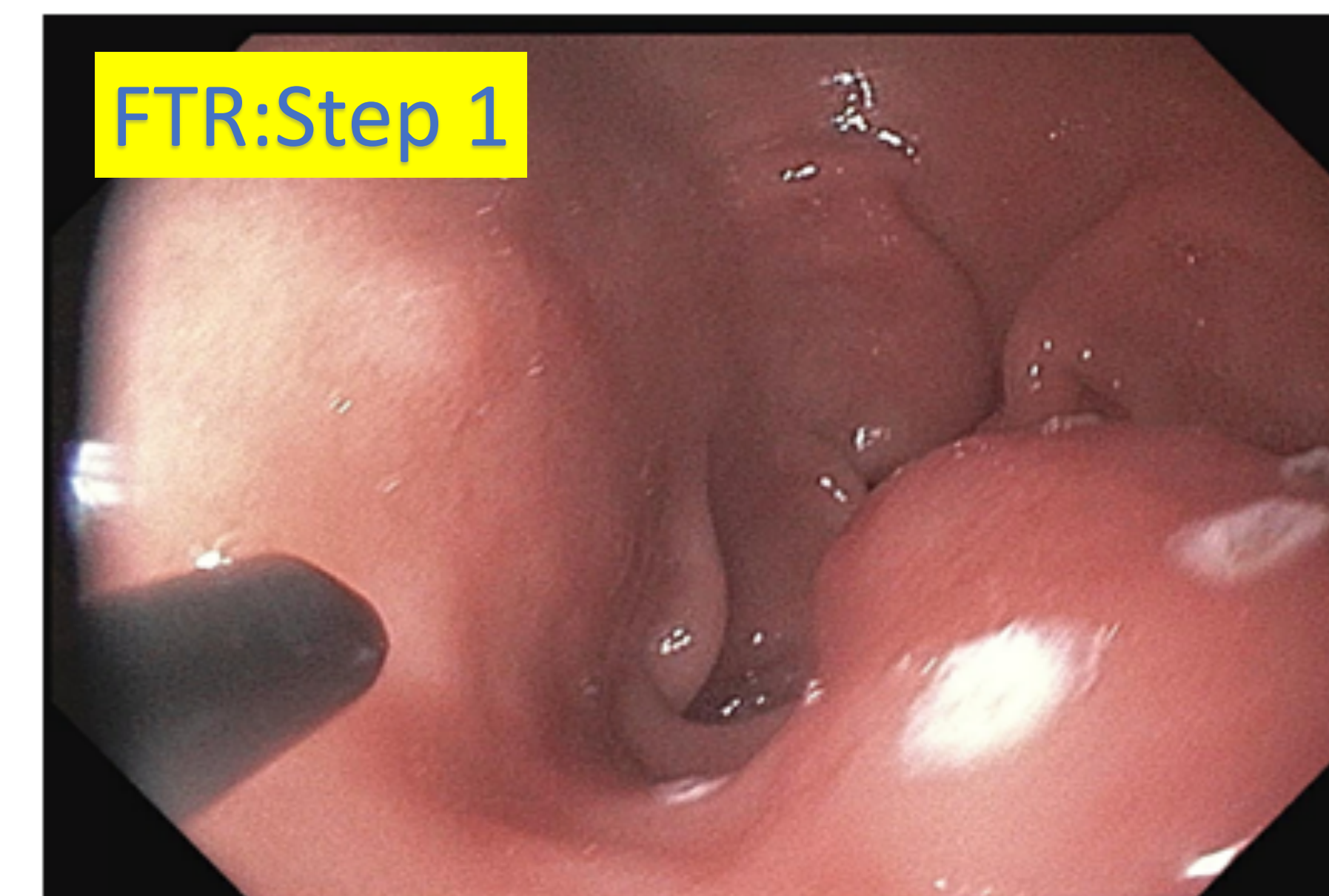
- Gastric adenomyoma (GA) is a rare submucosal tumor (SMT) often discovered incidentally. Historically it has been diagnosed and treated with surgical resection.
- Ours is the first reported case of a GA that was successfully removed via endoscopic full thickness resection (EFTR).

## Case Description

- A 70-year-old Chinese man was found to have an intramural gastric antral mass on MR Abdomen.
- Subsequent EGD with EUS confirmed presence of a heterogenous 14 mm submucosal nodule which was successfully removed via non-exposed EFTR.
- Pathology showed smooth muscle and glands consistent with benign GA with clear margins. No complications were noted on one-month follow-up.



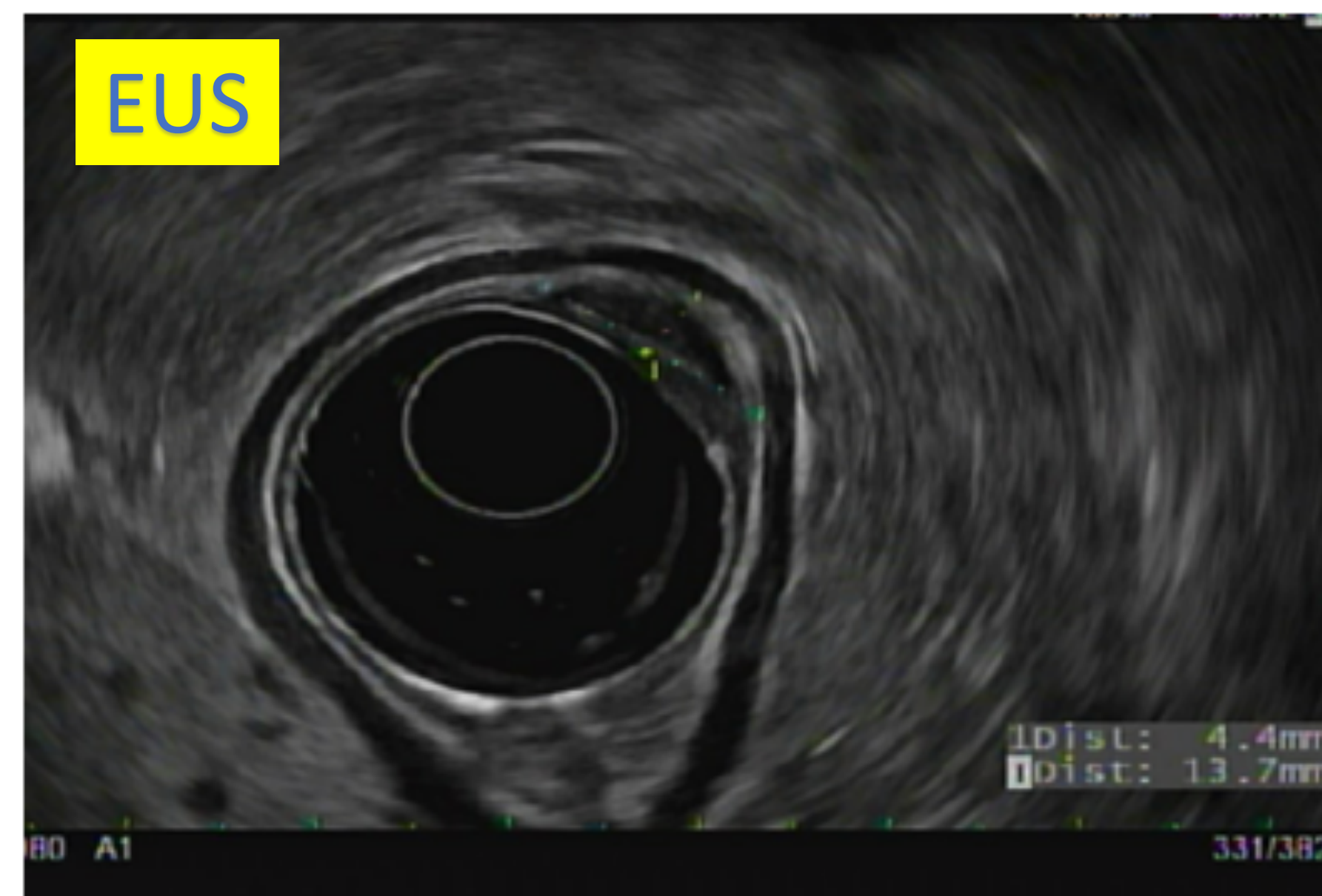
Magnetic resonance imaging of abdomen: Image shows a 19 x 15 mm mass in the posterior-inferior gastric antrum



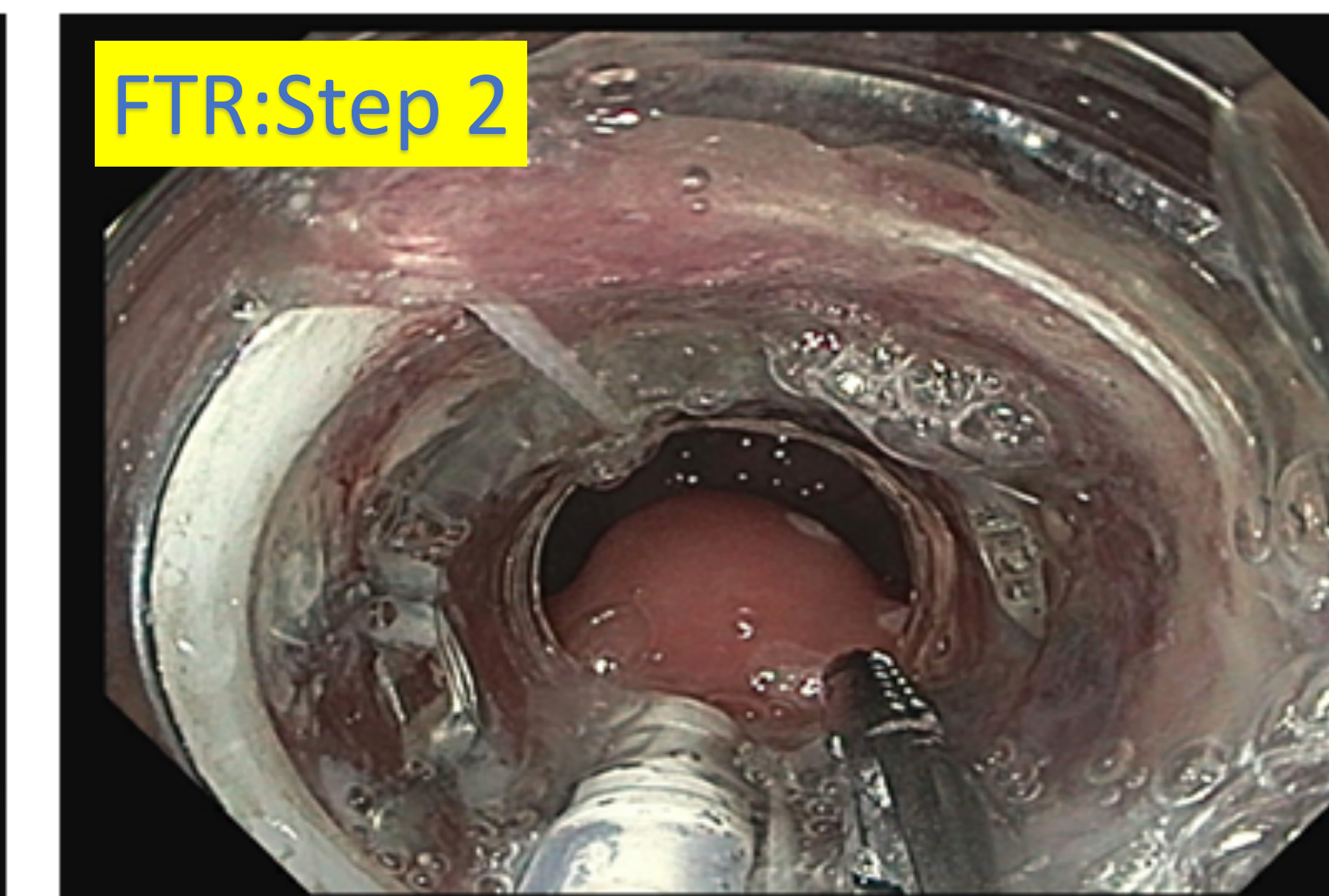
Endoscopic Full Thickness Resection Step 1: perimeter of lesion marked with electrocautery.



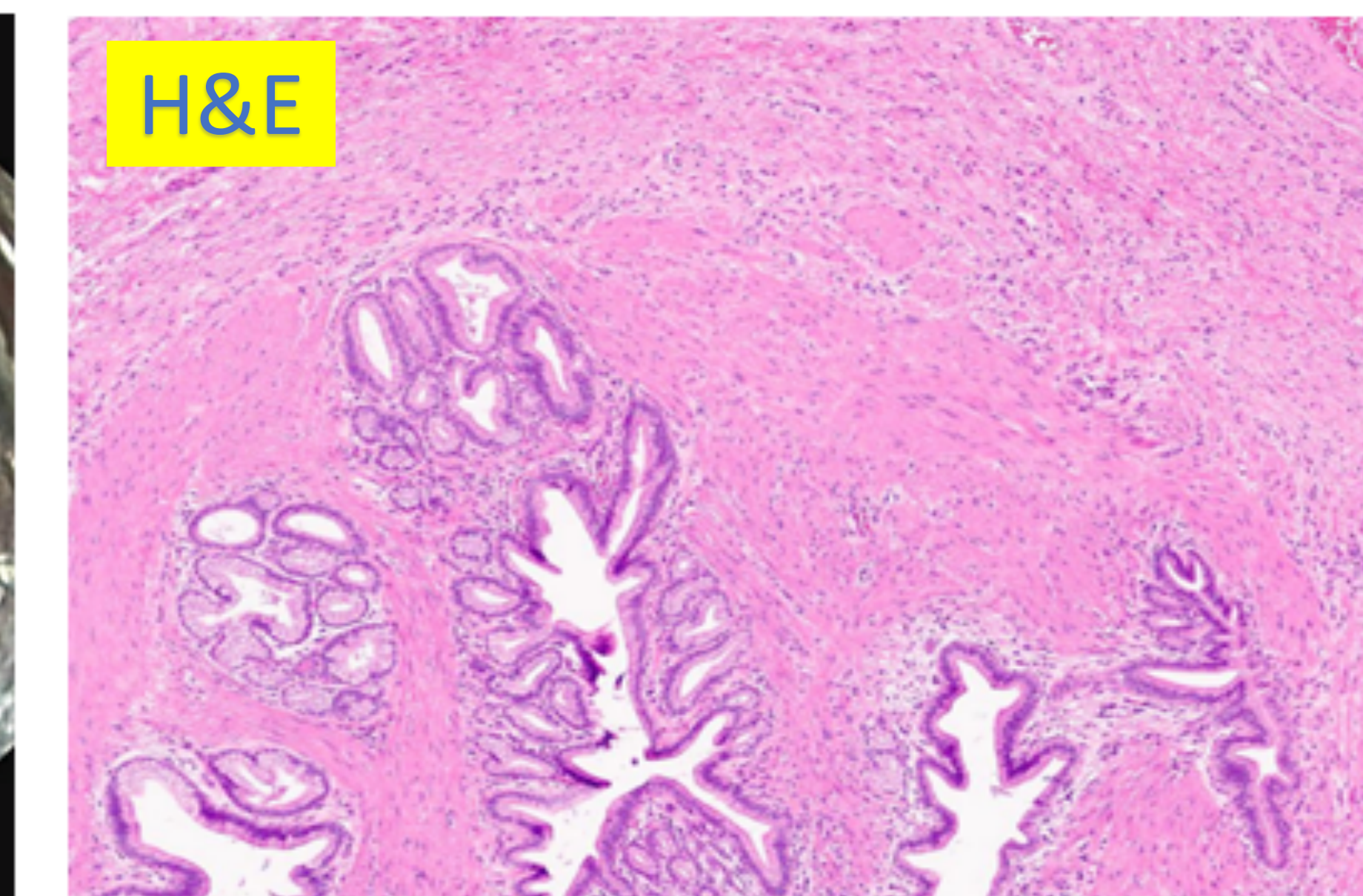
Endoscopic Full Thickness Resection Step 3: Complete removal of submucosal lesion and adequate hemostasis obtained using over-the-scope clip.



Endoscopic Ultrasound: Image shows a 13 x 4 mm well-defined heterogenous mass in the gastric antrum involving the muscularis mucosae.



Endoscopic Full Thickness Resection Step 2: Lesion pulled into cap using grasper, secured with over-the-scope clip and removed via snare.



Pathology H&E stain (400 um): Glandular islands of foveolar-type epithelium surrounded by ribbons of smooth muscle consistent with adenomyoma.

## Discussion

- Gastric adenomyoma is usually a benign tumor, usually be found in the antrum.
- It may present as an incidental finding on cross-sectional imaging or endoscopy. Tumors >20 mm are associated with symptoms (epigastric pain, fullness).
- Similar to our EUS findings, prior reported cases of GA show a submucosal nodule with heterogenous appearance.
- The malignant potential of small SMTs < 20 mm remains controversial and surgical resection is recommended for high risk lesions (heterogenous appearance, irregular borders, cystic spaces, echogenic foci).
- SMTs < 40 mm have been successfully removed using EFTR without significant complications. **Ours is the first reported case of a GA removed using EFTR.**

## Conclusions

- We recommend consideration of EFTR as an effective and less invasive alternative to surgical resection in small SMTs with high risk for malignant potential.