



Totally Laparoscopic Transluminal Resection Versus Combined Laparo-Endoscopic Technique for Removal of Iuxta-Cardial Gastric Stromal Tumors

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Dear editor,

We read with great interest the original article on “Totally Laparoscopic Transluminal Resection for Gastrointestinal Stromal Tumors Located at the Cardiac Region” published by Lyu et al.¹ in *Ann Surg Oncol*. 2018;25:2218–2219. This article discusses the laparoscopic approach for removal of iuxta-cardiac gastric stromal tumors, which is the best procedure to perform when feasible because it is associated with all the advantages already recognized for the minimally invasive approach.^{2,3}

Among the laparoscopic techniques proposed in the literature for this indication, the authors describe their surgical technique consisting of an intragastric totally laparoscopic approach. We agree with the authors that removing the lesion from the inside of the gastric cavity is advantageous for the treatment of stromal tumors located in the cardia region because with this approach, some post-operative complications (e.g., leakage and stenosis) are rarer than with other open or laparoscopic techniques. However, we draw the attention of the authors and readers of *Annals of Surgical Oncology* to the fact that these issues still are openly debated.

We and some other authors have performed an innovative technique for the surgical removal of iuxta-cardiac gastric stromal tumors.^{2,4–6} This technique consists of a combined laparoscopic-endoscopic approach. With this

technique, as described previously,⁴ two 5-mm expandable trocars are inserted into the gastric cavity through the abdominal and gastric walls. An endoscopic polipectomy snare is then introduced per mouth and used to grasp the gastric iuxta-cardiac gastric lesion with traction, allowing a good exposure of the excision site. Through the working laparoscopic trocar, the iuxta-cardiac gastric lesion is excised with a complete submucosal resection. After specimen retrieval, the gastric holes are properly sutured.

Despite a lack of evidence-based literature on the subject, we believe the combined laparoscopic-endoscopic technique offers some interesting advantages over the technique described by Lyu et al.¹ The risk that the gastric wall could be torn off during inflation or when the surgeon handles the working instruments and the laparoscope could be a problem with their technique, as the authors themselves observed. With the technique we have described, this risk is reduced because only two trocars need to be inserted through the gastric wall, obtaining a sufficient distance between the trocars themselves. In addition, interference among the operating instruments is not a problem during the surgical procedure due to use of the endoscopic snare for traction of the lesion.

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