

Chapter 2

Indications of Tunnel Technique

Abstract The indications of tunnel technique, of which we cannot yet describe a complete list, should be studied and developed based on the principles of tunnel technique. And in this chapter the indications, relative indications, relative contraindications and absolute contraindications are discussed.

The indications of tunnel technique, of which we cannot yet describe a complete list, should be studied and developed based on the principles of tunnel technique.

2.1 Indications

Mucosal lesions: large lesions with a transverse diameter of not less than 2 cm in the esophagus, cardia and lesser curvature of gastric fundus and body (Fig. 2.1a, b); long esophageal circumferential lesions (Fig. 2.1c).

Muscularis propria lesions: type Ling I, type Ling II_a and type Ling II_b primary esophageal achalasia (Fig. 2.1d) without history of surgical myotomy; submucosal tumors (SMTs) originating from muscularis propria in the esophagus and cardia with a diameter of less than 2.5 cm (Fig. 2.1e).

2.2 Relative Indications

Mucosal lesions: lesions with a transverse diameter of less than 2 cm in the esophagus, cardia and lesser curvature of gastric fundus and body.

Muscularis propria lesions: type Ling II_c and type Ling III of primary esophageal achalasia without history of surgical myotomy; SMTs originating from muscularis propria in the esophagus and cardia with a diameter of 2.5–3.5 cm.

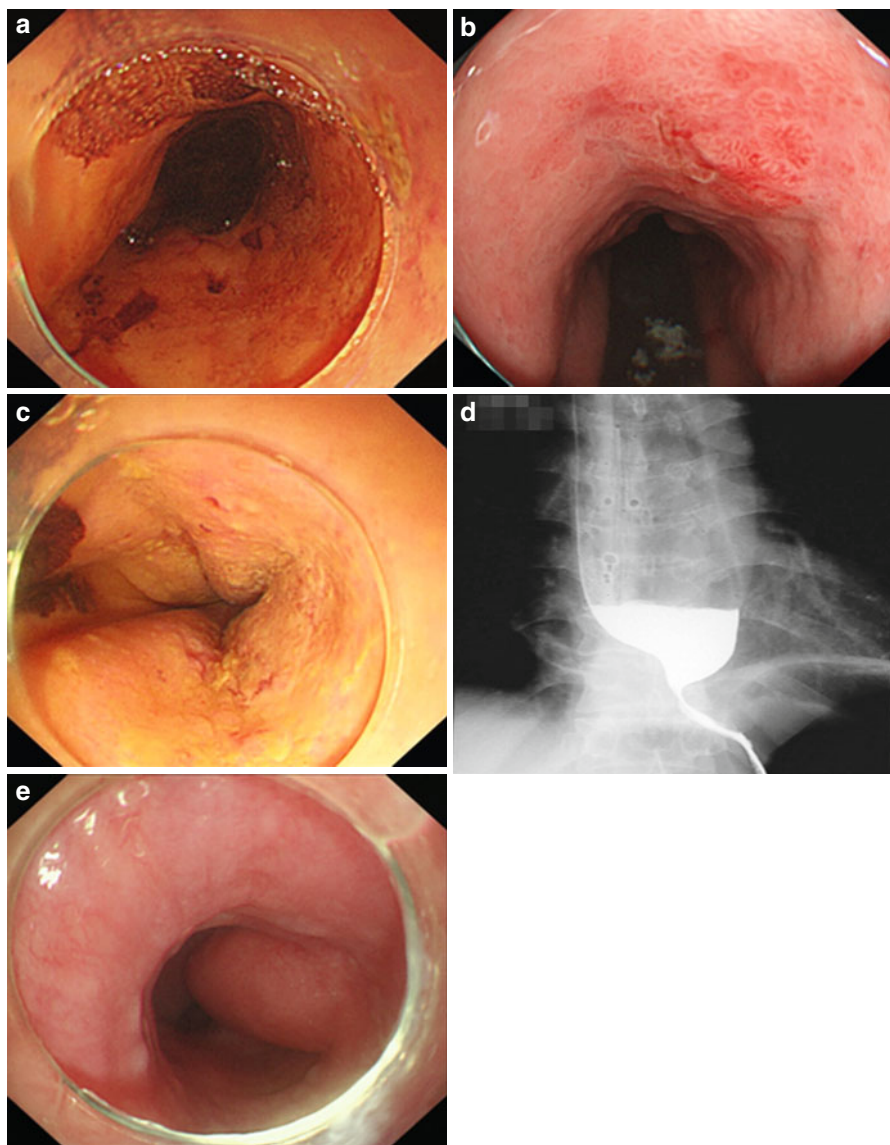


Fig. 2.1 Indications of digestive endoscopic tunnel technique. (a) Large esophageal mucosal lesion. (b) Large gastric mucosal lesion. (c) Circumferencial esophageal lesion. (d) Esophageal achalasia. (e) Submucosal tumor originating from muscularis propria

2.3 Relative Contraindications

Mucosal lesions: lesions with obvious cicatrization of the esophagus, cardia and lesser curvature of gastric fundus and body.

Muscularis propria lesion: patients with primary esophageal achalasia with history of surgical myotomy; SMTs originating from muscularis propria where a tunnel could not be established for lack of enough endoscopic operating room, or for adhering to the epithelium which could not be completely dissected, or when the diameter of SMTs is more than 3.5 cm and thus the tumor cannot be retrieved as a single piece through the tunnel.

2.4 Absolute Contraindications

Patients with severe cardiopulmonary dysfunction; Patients with blood coagulation disorders; A large area of cicatrization or an anastomotic stoma is located where a tunnel is to be established.

Therapeutics of Digestive Endoscopic Tunnel Technique

Linghu, E. (Ed.)

2014, XVIII, 149 p., Hardcover

ISBN: 978-94-007-7343-1