Transgastric polypectomy for benign giant gastric polyps as an alternative to endoscopic resection

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Introduction

- The incidence of gastric polyps identified during upper digestive tract endoscopies ranges from 0.5% to 23%.
- 10% of these polyps are symptomatic, and 40% are hyperplastic.
- A laparoscopic technique is proposed for managing giant hyperplastic polyps with pyloric syndrome, not suitable for endoscopic resection.

Method

- A series of patients underwent laparoscopic transgastric polypectomy for giant gastric polyps associated with pyloric syndrome.
- The procedures took place in Bogotá, Colombia, from January 2015 to December 2018.

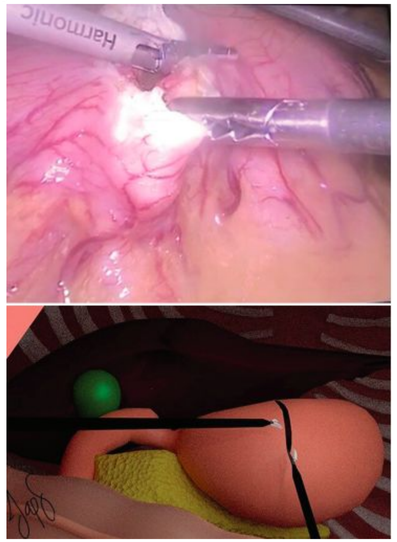
Results

- Seven patients, 85% female, with an average age of 51 years, were admitted for pyloric syndrome and underwent laparoscopic management.
- The average surgical time was 42 minutes, with intraoperative bleeding of 7-8 cc.
- Patients tolerated the oral route within 24 hours, with no conversions or mortality.

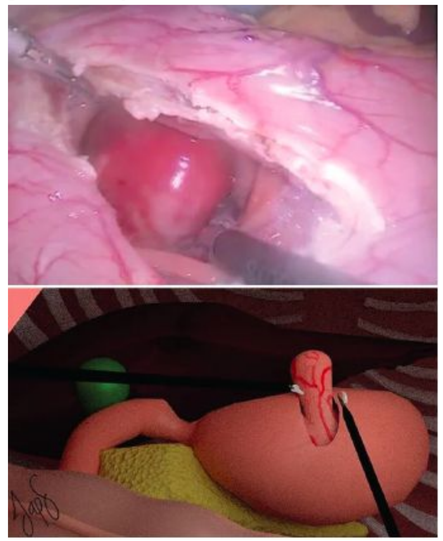
Conclusions

- Transgastric polypectomy is a feasible method for managing benign giant gastric polyps that cannot be resected endoscopically.
- It has a low complication rate and no mortality.

Performance of anterior gastrotomy at the level of the corporoantral junction.



Direct laparoscopic view of the giant hyperplastic polyp through the anterior gastrotomy.



Laparoscopic transgastric polypectomy of giant hyperplastic polyp with a laparoscopic cutting suture of vascular type

