The Padlock Clip provides effective closure and healing of a refractory gastrocutaneous fistula

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The patient was a 62-year-old female with persistently leaking GCF 6 months postgastrostomy tube removal. Prior treatments included maximal antisecretory therapy and postpyloric feeding and failed attempted endoscopic closure with conventional endoscopic clips. An additional treatment was performed with surgical de-epithelialization by surgical excision and fistula closure with the Padlock Clip. At follow-up 2 weeks after the procedure the patient was asymptomatic and had complete healing of the GFC. At 10 months the patient remained asymptomatic.

The authors explained their preference for attempting the procedure with the Padlock Clip versus another over the scope clip option due to Padlock’s unique “circumferential compression and ability to grasp more tissue, providing a more robust closure.” They added, “The earlier endoscopic clips for GCF closure have limited ability to grasp tissue, making procedures technically challenging, with variable success”. They also pointed out that the de-epithelialization procedure by surgical excision is likely important for a potential successful outcome.

Endoscopic closure of a refractory gastrocutaneous fistula using a novel over-the-scope Padlock clip following de-epithelialisation of the fistula tract