**Procedure:**

Endoscopic closure (with the Padlock Clip defect closure system) of an esophageal perforation that occurred during an endoscopic mucosal resection (EMR) procedure.

**Patient History:**

76-year-old male with chronic gastroesophageal reflux disease (GERD) was found to have nodular Barrett’s mucosa with high grade dysplasia and was referred for endoscopic treatment. Careful endoscopic evaluation was done, aided by a clear distal cap fitted to the standard gastroscope, and a 3cm segment of Barrett’s mucosa with prominent nodularity was identified near the GE junction (see Fig. 1). The decision was made to manage this with band-assisted EMR. One nodular area was removed without any problems, but after resection of an adjacent nodular area, a small perforation was evident (see Fig. 2).

**Padlock Clip System Use:**

The endoscope was removed and a Padlock Clip defect closure system immediately fitted to the endoscope. There were no problems advancing the scope into position on the defect. The perforation was centered in the middle of the cap of the Padlock Clip system and suction applied. Since the perforation was fresh, the tissue was mobile and suction worked well to recruit the tissue into the cap – a grasper was not needed. Some fat was suctioned into the tissue, which helped “plug” the perforation and was not of concern. The Padlock Clip system clip was then deployed with complete closure of the perforation (see Fig. 3).

**Results:**

A gastrografin contrast study was immediately done to confirm closure of the defect. This contrast study demonstrated no extravasation of contrast, confirming closure. If there was failure of closure, an esophageal stent would have been placed. The patient was in good condition following the procedure.

**Conclusion:**

“The Padlock Clip® [defect closure system] can be set up in seconds and allowed instant management of an esophageal perforation. Complete closure of the defect was achieved and confirmed by contrast study.”

-DR. DAVID DIEHL