Laparoscopic wedge resection will be the optimal treatment for nonepithelial, submucosal gastric tumors

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We thank Professor Zoras and Dr. Spiliotis for their interest in our article. I also believe that extraluminal laparoscopic gastric wedge resection (ELWR) will be the optimal treatment for nonepithelial, submucosal gastric tumors.

First, gastrointestinal stromal tumor (GIST) cells tend to metastasize through hematogenous or transabdominal implantation and rarely through lymphatic vessels, so routine lymph node dissection is not recommended [1, 2]. Such characteristics of GIST determine that open surgery can be replaced by laparoscopy in the treatment of most gastric stromal tumors, in contrast to the management of epithelial gastric tumors.

Second, I absolutely agree that the surgeon plays a central role in operative and oncologic safety during laparoscopic gastric surgery. Not only D2 lymph node dissection for gastric cancer but also ELWR for submucosal tumors in the upper part of the stomach during laparoscopic surgery is a demanding procedure and should currently always be performed appropriately only in specialized institutions.

In our hospital, laparoscopic surgery was introduced in 1992, and I with my colleagues have been performing laparoscopic gastric surgery since 1993 [3], so we have more opportunities (including cases and skill promoting) than others. In our early experience (1997–1999), we had about a 10.5% (2/19) rate for postoperative complications such as esophagostenosis and gastric incision leakage, which urged us to explore a novel strategy for treating submucosal tumors. Since 2000, we have used ELWR to

treat GISTs in the upper part of the gastric body and in the gastric fundus [4].

Finally, but importantly, in our study, the largest tumor had a diameter of 6.5 cm. We believe that patients with tumors smaller than 5 cm in diameter will have a better prognosis. To perform the ELWR procedure better, we also complied with the principle of no touch and less squeeze during the procedure, fully exposed the surgical area, and sufficiently resected the tumors. As long as these precautions are taken, I believe ELWR for submucosal tumors in the upper part of the stomach is safe, effective, and oncologically sound.

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