A 75-year-old woman was admitted for evaluation of an asymptomatic submucosal lesion of the gastric body. Endoscopic ultrasonography (EUS) showed a 1 cm in size hypoechoic lesion originating from the muscularis propria. Fine-needle biopsy (FNB) with a novel 22-G histology needle (Olympus EZ shot 3 plus, Tokyo, Japan) disclosed a glomus tumor (Fig. 1 and 2). Given the potential risk of malignancy, the lesion was further removed by laparoscopic endoscopic cooperative surgery (LECS), as previously described [1]. The lesion was partially enucleated with a Flush Knife BTs 1.5 mm (Fujifilm, Tokyo, Japan). A clip with dental floss was applied to the center of the lesion for countertraction, and then a full thickness excision was performed with an IT knife nano (Olympus). The lesion was then retrieved with a snare and the site of resection was sealed internally with endoscopic clips, and externally with absorbable laparoscopic sutures. The patient was discharged on postoperative day 2 and had an uneventful recovery. Histology confirmed the initial diagnosis.

Glomus tumors are rare mesenchymal tumors with a low potential for malignancy. Less than 10 cases have been diagnosed preoperatively by EUS-FNB [2]. They are usually treated by laparoscopic wedge resection. To the best of our knowledge, this is the third report of a gastric glomus tumor removed by LECS [3], a minimally invasive approach that preserves the gastric anatomy and functionality and shortens the duration of hospitalization [1].

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