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Name of Journal: *World Journal of Gastroenterology***Manuscript NO:** 56895**Manuscript Type:** REVIEW**Endoscopic management of gastrointestinal leaks and fistulae: What option do we have?**

Fabrizio Cereatti, Roberto Grassia, Andrea Drago, Clara Benedetta Conti, Gianfranco Donatelli

Abstract

Gastrointestinal leaks and fistulae are serious, potentially life threatening conditions that may occur with a wide variety of clinical presentations. Leaks are mostly related to post-operative anastomotic defects and are responsible for an important share of surgical morbidity and mortality. Chronic leaks and long standing post-operative collections may evolve in a fistula between two epithelialized structures. Endoscopy has earned a pivotal role in the management of gastrointestinal defects both as first line and rescue treatment. Endotherapy is

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Historically, surgery was the sole **option** for **management of gastrointestinal fistulae**, but it is associated with high morbidity and mortality. 2 Medical **management** has emerged as an important adjunct, and, recently, interventional radiology has taken a prominent role in the **management** of these complex patients. 3 As flexible **endoscopic** ...

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Gastrointestinal leaks and fistulae can be serious acute complications or chronic morbid conditions resulting from inflammatory, malignant, or postsurgical states. **Endoscopic** closure of **gastrointestinal leaks and fistulae** represents major progress in the treatment of patients with these complex presentations.

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In conclusion, advanced **endoscopic** methods are enabling less invasive and more physiological approaches for the **management of GI leaks and fistulae**. A multidisciplinary approach is a critical component in developing the correct treatment pathway; some **leaks and fistulae** are not amenable to **endoscopic** closure.

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Gastrointestinal leaks and fistulae can be managed **using stent placement, clip closure** (through-the-scope **clips or over-the-scope devices**), **endoscopic suturing**, or **injection of tissue sealants**.

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Here, **we** report two cases of **endoscopic** closure of a **GI** fistula and perforation using polyglycolic acid (PGA) sheets with fibrin glue. The first case is of an anastomotic **leak** detected after subtotal gastrectomy with gastroduodenostomy. After failed application of endoclips, a PGA sheet was applied, and the fistula was successfully closed.

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