### Key Points
Eight patients were treated with the Padlock Clip® system.

**Fistulas (4 patients, age 63-71)**
- Indications:
  - Rectovesical fistula
  - Rectocutaneous fistula
  - Gastrocutaneous fistula after gastrostomy tube removal (2 patients)
- 1 Padlock Clip® system was used per patient, and 4/4 were successfully deployed
- Previous failed treatments included Ovesco OTSC (2 patients) and TTS clips (1 patient)
- Clinical resolution or fistula sealing was achieved in all cases
- 3 patients required a follow-up re-endoscopy at day 30 and no clip retention was found

**Iatrogenic perforations (2 patients, age 75-86)**
- Iatrogenic duodenal perforation following biliary stent migration
  - The Padlock Clip® system failed to deploy, probably due to the angulated position of the target site, and TTS clips were used
- Iatrogenic diverticular perforation during diagnostic colonoscopy
  - Technical success was achieved, and closure of the perforation was confirmed by CT scan

**Post-polypectomy intraprocedural bleeding (2 patients, age 64-76)**
- Technical success was achieved in both cases
- Bleeding was resolved and there was no late rebleeding
- One patient was previously treated with injective hemostasis

### Results
No complications related to the procedure and no recurrence at endoscopic follow-up were observed in any patient. Definitive closure of the defects and resolution of bleeding were achieved by the Padlock Clip® system in 7/8 patients

### Discussion
The Padlock Clip® system is similar to the Ovesco OTSC, but the Padlock Clip® system design offers advantages
- The circumferential, six inner prong clip design of the Padlock Clip® system clip creates a firm hold of tissue
- Tissue can be lifted into the tissue chamber without graspers

### Conclusions
“The Padlock Clip® system seems to be an effective and safe tool to treat gastrointestinal fistulas, perforations or post-polypectomy bleeding”