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Case Report
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Post-Polypectomy Bleeding Management with Endotherapy

Zubin Sharma and Divya Sharma*

Department of Digestive Diseases, Aditya Hospital & Gastro Centre, India

Abstract

Colonic Polypectomy resection with endoscopy carries risk of complication of post procedural bleeding. It is a gold standard which is safe and effective modality to remove polyps *via* endoscopy. Post-polypectomy bleeding is a complication which can be encountered successfully *via* endotherapy such as through the scope hemoclips, haemostatic spray powder, and endoloops and epinephrine injection application. We present a case of post polypectomy bleeding in a patient which was managed successfully with the means of hemoclips.

Keywords: Polypectomy; Hemoclips; Endotherapy; Anemia

Case Presentation

A 42 year old male patient with history of chronic anemia present to our hospital for investigation. There was no associated comorbidities or drug history. He was a nonalcoholic and nonsmoker. The routine workup showed microcytic hypochromic anemia with rest of the workup turned to be normal (renal function test, LDH, urine analysis, liver function test, upper GI endoscopy, ultrasound abdomen). He was then taken up for full length colonoscopy which showed a large pedunculated polyp of more than 5 cm with thick stalk at 15 cm from the anal verge in rectum. Multiple biopsies were then which later got reported as nonmalignant, inflammatory changes. He was then planned for polypectomy which was refused by the patient. Later he was prescribed iron medications and was asked for follow up. Patient then came to our hospital after two weeks with history of bleeding per rectum (intermittent, mild). With history of rectal polyp in view he was taken up for polypectomy. This hemogram was 8.6 gm/dl prior, polypectomy. Polypectomy was performed with colonoscopy (Olympus GIF 170) with the help of snare. Post-polypectomy there was sudden, perfuse vascular bleeding. We then used the hemoclips (Cook) and deployed two hemoclips for cessation of bleed and post application of hemoclips successful hemostasis was achieved. The polyp was sending for histopathological examination and conservative management was started. After 24 h a relook endoscopy was performed this showed no active stigmata of bleed from the polypectomy site. Patient was discharged on the same day with supportive medications.

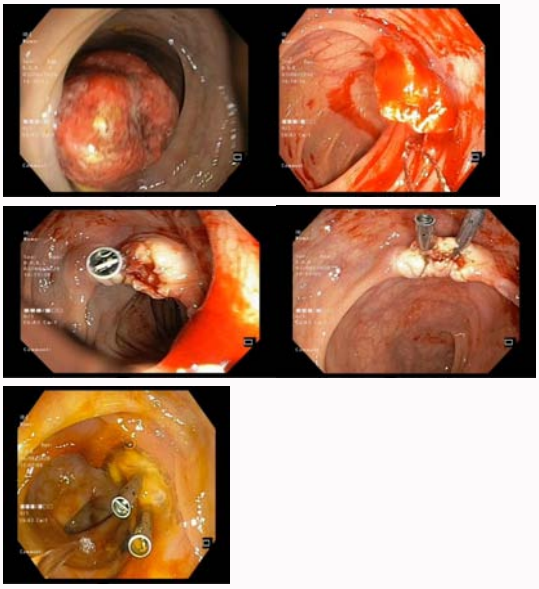

Figure 1:

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Correspondence:
Zubin Sharma, Department of Digestive Diseases, Aditya Hospital & Gastro Centre, Sri Ganganagar, Rajasthan, India,
E-mail: adityagastrocenter@gmail.com

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Discussion

In modern era of gastroenterology, gastrointestinal bleeding is frequent in day to day clinical practice. An interventional endoscopies procedure to achieve hemostasis and treatment includes injection therapy, thermal application, over the scope clips and hemoclips [1]. These techniques have largely demonstrated their efficacy for controlling bleeding and avoid the need of surgery and blood transfusions [2]. However sometimes the traditional endoscopic method of hemostasis fails and has limitations in severe bleeding. In the case series of manta et al. [3] 30 cases of upper and lower gastrointestinal bleeding responded successfully to over the scope clips and hemoclips [3]. In summary post polypectomy bleeding is effective managed with conventional endoscopic techniques such as hemoclips application. One must always assess prior procedure the associated risk factors such as co morbidity of cardiovascular and chronic renal failure, pedunculated polyps with thick stalk, history of aspirin and warfarin, polyp location especially in right sided colon. Though our patient had no such history and hence was managed well in due time (Figure 1).

References

1. Albert JG, Friedrich-Rust M, Woeste G, Strey C, Bechstein WO, Zeuzem S, et al. Benefit of a clipping device in use in intestinal bleeding and intestinal leakage. Gastrointest Endosc. 2011;74(2):389-97.
2. Kim HS, Kim TI, Kim WH, Kim YH, Kim HJ, Yang SK, et al. Risk factors for immediate postpolypectomy bleeding of the colon: A multicenter study. Am J Gastroenterol. 2006;101(6):1333-41.
3. Manta R, Manno M, Bertani H, Barbera C, Pigò F, Mirante V, et al. Endoscopic treatment of gastrointestinal fistulas using an Over-Thescope Clip (OTSC) device: Case series from a tertiary referral center. Endoscopy. 2011;43(6):545-8.