

DEN Video Article

Using an over-the-scope clip for colonic diverticular hemorrhage

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BRIEF EXPLANATION

MOST PATIENTS WITH colonic diverticular hemorrhage (CDH) achieve spontaneous hemostasis.¹ Nonetheless, endoscopic hemostasis is required in some cases.

Despite its safety and convenience, endoscopic clipping has a reported rebleeding rate of 37.0% at 1 year, which is significantly higher than the 11.5% for endoscopic band ligation (EBL).² The effectiveness of EBL has been evaluated; however, a small number of delayed perforations have been reported.³

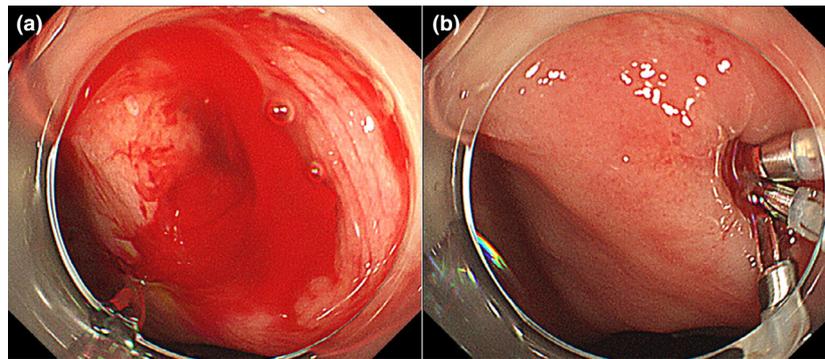


Figure 1 (a) Active bleeding from the diverticulum in urgent colonoscopy. (b) Endoscopic hemostasis with direct placement of endoscopic clipping.

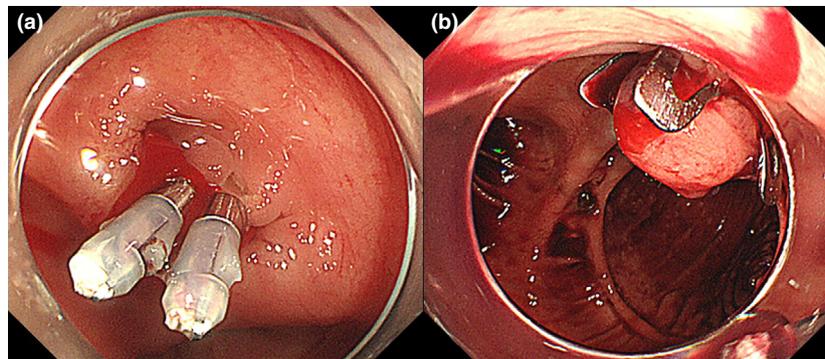


Figure 2 (a) Early rebleeding from the diverticulum after clipping. (b) Successful endoscopic hemostasis with an over-the-scope clip.

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We report a case that achieved successful hemostasis using an over-the-scope clip (OTSC). A 77-year-old man with a history of CDH previously treated with ileocecal resection presented with hematochezia and developed hemorrhagic shock at the time of visit. Contrast-enhanced computed tomography showed extravasation in the ascending colon. Urgent colonoscopy using a PCF-Q260AZI endoscope (Olympus, Tokyo, Japan) showed active bleeding from the diverticulum in the ascending colon. Clipping with direct placement achieved temporary hemostasis (Fig. 1); however, hematochezia recurred 2 days after colonoscopy. Repeat colonoscopy showed rebleeding from the same diverticulum. After clips removal, a colonoscope attached to an OTSC (OTSC® 12/6t, 2200 mm; Ovesco Endoscopy, Tübingen, Germany) was reinserted, the bleeding diverticulum was suctioned into the cap of the OTSC, and the OTSC was successfully deployed (Fig. 2). Hemostasis was achieved without any complications and rebleeding did not occur at 6-month follow up (Video S1).

Endoscopic band ligation is a useful technique.⁴ However, a small number of perforations have been reported. No complications related with OTSC have been reported thus far,⁵ and OTSC is also covered by insurance. OTSC has several limitations, including its high cost compared to that of EBL and the necessity to reinsert the colonoscope as in EBL. Therefore, indications for the use of OTSC include hemostasis for severe bleeding and rebleeding after conventional endoscopic hemostasis such as clipping as shown in the present case. Further studies on a large number of cases are needed to assess the efficacy and safety of OTSC.

Authors declare no conflicts of interest for this article.

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SUPPORTING INFORMATION

ADDITIONAL SUPPORTING INFORMATION may be found in the online version of this article at the publisher's web site.

Video S1 Use of an over-the-scope clip achieved successful endoscopic hemostasis for recurrence of severe colonic diverticular hemorrhage after endoscopic clipping.