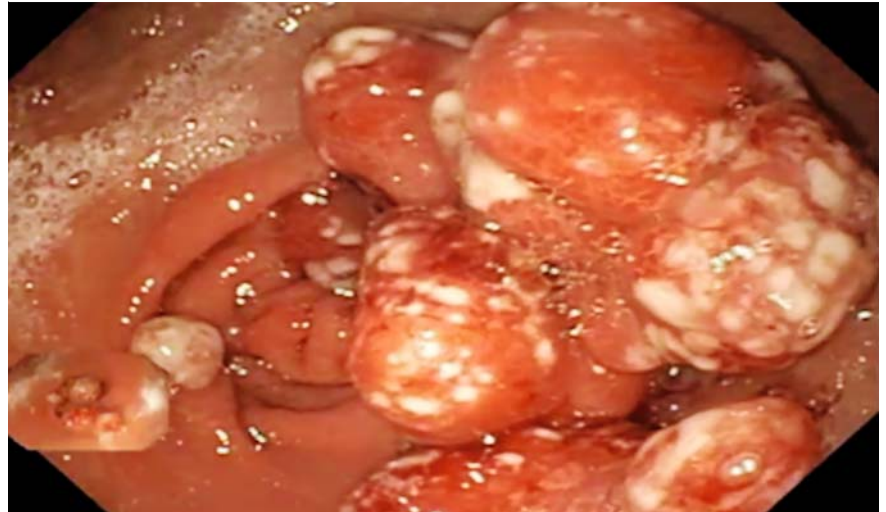


## Endoscopic resection of multiple large gastric polyps

A 50-year-old woman with a past medical history of diabetes, end-stage renal disease, and hypertension presented to the gastroenterology clinic with melena and severe iron deficiency anemia (IDA). She reported no use of antithrombotic agents or nonsteroidal anti-inflammatory agents.

She underwent *Helicobacter pylori* stool testing, which was negative, and upper endoscopy, which showed normal appearing esophagus and duodenum. Examination of the stomach showed multiple antral pedunculated and semi-pedunculated, dome-shaped, multilobar, hemorrhagic, polypoid lesions, 2–3 cm in size, which were highly suggestive of hyperplastic polyps (► Fig. 1). Endoscopic ultrasound showed the lesion to be limited to the mucosa with all layers intact (► Fig. 2). As these lesions were presumed to be the cause of the IDA, an endoscopic band ligation was performed in an attempt to debulk the disease (► Fig. 3). The polyps were suctioned and bands were applied from the distal to proximal location (► Video 1). Immediate strangulation of the polyps was followed by congestion and cyanotic changes.

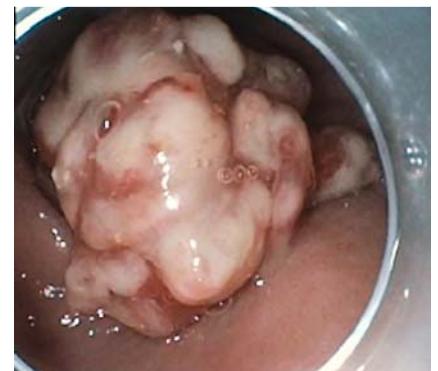
Following serial banding, no post-procedural bleeding or perforation was noted. The patient was discharged and a repeat upper endoscopy 8 weeks later showed healed ulcers with clear bases and complete resection of the polyps (► Fig. 4), with a resolution of the melena and IDA. Hyperplastic polyps are the most common type of polyps in the stomach. Although the majority of hyperplastic polyps are asymptomatic, bleeding, obstruction, and rarely malignant transformation are noted. Resection of these polyps can be performed with snare polypectomy; however, this carries a risk of bleeding of 7.2% [1]. Endoscopic band ligation is an effective technique, with complete resection of polyps achieved in



► Fig. 1 Semi-pedunculated benign-appearing gastric antral hyperplastic polyps.



► Fig. 2 Endoscopic ultrasound showed the lesion to be mucosal, with all layers intact. (Green arrow, mucosal polyp; left red arrow, deep mucosa; right red arrow, submucosa.)



► Fig. 3 Inspection of the polyp with gastroscopie (with banding kit).

a single session and with minimal risk of extensive bleeding. Furthermore, the risk of perforation is low. It can be used for both sessile and pedunculated polyps [2].

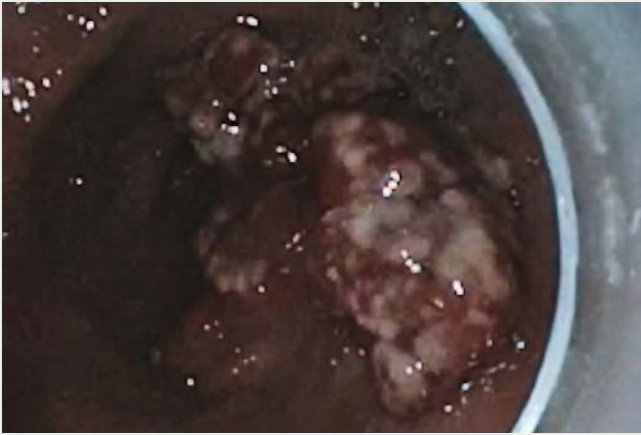
Endoscopy\_UCTN\_Code\_TTT\_1AO\_2AG

### Competing interests

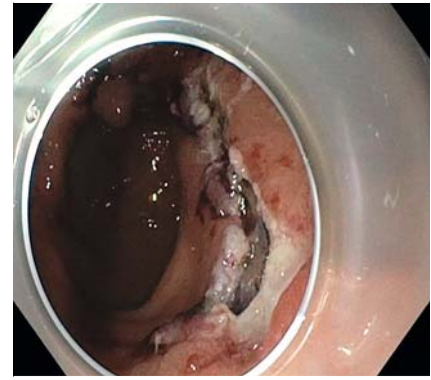
Benjamin Tharian is a medical consultant for BSC and Medtronic. No conflict related to this publication. Rest of the authors report no conflict of interest.

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Arham Siddique BA for video editing and audio creation.



**▶ Video 1** Video showing resection of multiple gastric polyps with endoscopic band ligation.



**▶ Fig. 4** Complete resection of the gastric polyps.

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