Combined over-the-scope clip and detachable snare placement as a rescue therapy for gastric ulcer rebleeding

An 85-year-old woman, who had been admitted to an intermediate care unit of a peripheral hospital with relapsing ulcer bleeding, was referred to our department for upper gastrointestinal (GI) endoscopy for management of rebleeding. She had a history of hypertension and hypothyroidism, but was not taking antiplatelet or anticoagulant therapy. Two previous upper GI endoscopies had shown a Forrest IIa ulcer in the posterior wall of the proximal gastric body, which has been treated with adrenaline and through-the-scope (TTS) clips. The last endoscopic therapy had been performed 1 week previously.

Endoscopy revealed a Forrest IIa ulcer in the same location, with four previously placed TTS clips present, but not embedding the vessel (▶ Fig. 1a). The intention was to place an over-the-scope (OTS) clip, so the TTS clips were removed using a foreign body forceps (▶ Fig. 1b), after which an 11/3 OTS clip was deployed. Despite correct placement of this clip, rebleeding started immediately at the base of the OTS clip (▶ Fig. 1c), suggesting that the jaws might not be fully obliterating the vessel. Two detachable snares were then sequentially placed with different orientations beneath the jaws of the OTS clip, with bleeding being controlled only after placement of the second detachable snare (▶ Fig. 1d; ▶ Video 1). Hemostatic spray was applied at the end of procedure (▶ Fig. 1e). The patient was discharged 9 days later, having experienced no further episodes of bleeding.

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Competing interests

The authors declare that they have no conflict of interest.
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Video 1 Combined over-the-scope clip and detachable snare placement to achieve hemostasis of a rebleeding gastric ulcer.

References


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