

Rectal band ligation for treatment of extensive chronic hemorrhagic radiation proctitis

Chronic radiation proctitis is an infrequent complication of pelvic radiotherapy, occurring in 5%–20% of patients [1]. Argon plasma coagulation (APC) is the preferred endoscopic therapy for treatment of chronic radiation proctitis and is considered effective and well tolerated.

A 74-year-old man with a history of radical prostatectomy and subsequent radiotherapy 3 years previously was brought to the emergency room of our center because of proctorrhagia for 3 days.

The patient underwent colonoscopy, which showed sigmoid diverticular disease and chronic hemorrhagic radiation proctitis involving the distal 4 cm of the rectum. The patient underwent two treatments with APC separated from each other by 20 days. These resulted in the creation of a large ulcer that involved one-third of the wall, but no clinical improvement (Fig. 1 a). In view of the absence of improvement and continued episodes of proctorrhagia, the large extent of the disease, and the possibility that at least five more APC treatments would be needed, we decided to treat the patient with rectal band ligation (RBL) instead.

RBL was performed with a standard gastroscope and a standard endoscopic esophageal variceal ligation kit in two procedures separated by a period of 20 days. The patient was not sedated during the procedures. Three bands were placed in the first session and two during the second session (Fig. 1 b). RBL was well tolerated: the patient reported no pain during the procedures or in the subsequent days. Throughout the treatment period the patient underwent topical therapy with mesalazine. A lower gastrointestinal endoscopy 45 days after the completion of treatment showed no evidence of ongoing chronic hemorrhagic

radiation proctitis (Fig. 1 c) and the topical therapy was discontinued.

To date there are no data or reports in the literature regarding the use of band ligation for the treatment of chronic hemorrhagic radiation proctitis. In our experience, RBL is an effective, painless, safe, and rapid treatment for this disease, which we believe could be used as the first approach in extensive chronic hemorrhagic radiation proctitis.

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Competing interests: None

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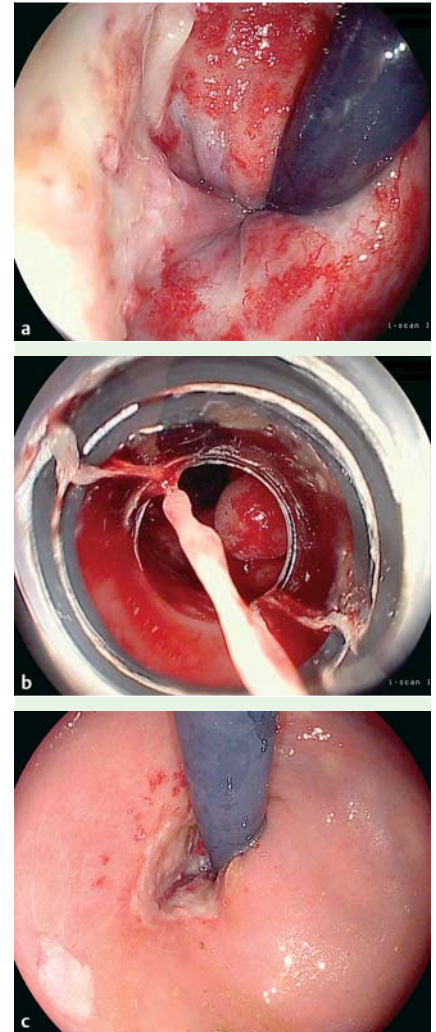


Fig. 1 Appearances during lower gastrointestinal endoscopy showing: **a** the area of chronic hemorrhagic radiation proctitis after argon plasma coagulation (APC) therapy; **b** rectal band ligation (RBL) being performed; **c** complete resolution of the chronic hemorrhagic radiation proctitis after the two RBL procedures.