Successful over-the-scope clip (OTSC) treatment for severe bleeding due to anastomotic dehiscence

Postanastomotic complications of the gastrointestinal tract, including leakage and bleeding, are rare but critical conditions requiring prompt treatment. Most anastomotic problems are managed surgically [1], but endoscopic therapy is considered as the first choice of treatment for bleeding and treatment of an incomplete anastomotic dehiscence with no peritoneal involvement [1,2].

Here we report the case of a 71-year-old woman presenting with an acute fall in hemoglobin level (11.7 to 9.1 g/dL), hypotension (90/50 mmHg), and melena. Physical examination revealed skin pallor and tachycardia (130 beats per min). The patient had undergone laparotomic debridement with a Billroth I gastroenteral anastomosis 3 weeks previously.

The patient had undergone laparotomic debridement with a Billroth I gastroenteral anastomosis 3 weeks before for an advanced ovarian tumor with massive peritoneal involvement [1,2].

Here we report the case of a 71-year-old woman who had undergone laparotomic debridement with a Billroth I gastroenteral anastomosis 3 weeks previously.

This case is interesting for several reasons. First, we have demonstrated how OTSC use can aid emergent endoscopic therapy when other hemostatic and leak sealing techniques are deemed unsuitable due to technical problems such as right target position in a 5 o’clock oriented working channel, large leak (10–25 mm), and massive bleeding [1–4]. Second, we have provided a detailed description of the procedure, which may assist further use of the technique. Third, we have shown successful use of the OTSC for treatment of a larger anastomotic leak [1,2]. Finally, our report adds to the growing literature on potential applications of the OTSC [1–5]. Altogether, the recently introduced OTSC system provides a practical solution to difficult endoscopic treatment where standard clipping techniques may not be appropriate. The OTSC should be considered as the first choice for sealing of intermediate leaks.

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