An 82-year-old man with a medical history of hypertension and cerebrovascular disease was referred to our clinic with hematemesis. Laboratory findings were: hemoglobin 8.5 g/dL (normal range 14–18 g/dL), white blood cells 16.1 x 10^9/L (normal range 4–10 x 10^9/L), and platelets 74 x 10^9/L (normal range 150–400 x 10^9/L). He was given a transfusion of two units of packed red blood cells.

He underwent emergency endoscopy, which revealed bright red blood in the esophagus and stomach. Below the upper esophageal sphincter, a long, deep, linear esophagus and stomach. Below the upper which revealed bright red blood in the gastrointestinal bleeding [1]. Hemoclips will spontaneously slough off in approximately 3–4 weeks, but can also remain at the site of application for up to 1 year [2]. The Instinct hemoclip is a stainless steel clip that can be rotated, closed, reopened, and repositioned. It is “MR Conditional,” a safety term which indicates that the device has been demonstrated to pose no known hazards in a specified MRI environment with specified conditions of use [3]. However, we tested a closed Instinct hemoclip in the MRI scanner and it flew instantly to the magnet (Fig. 1d).

In conclusion, it would seem from the present case that magnetically induced displacement force, torque, and vibration may cause clip migration, resulting in severe rebleeding with lethal outcome. Therefore, a high level of attention is warranted for entry to the MRI suite, even for patients who have received MR Conditional hemoclips.

References

Corresponding author
Mevlut Kurt, MD
Department of Gastroenterology
Faculty of Medicine
Abant Izzet Baysal University
PK: 14280, Golkoy
Bolu
Turkey
Fax: +90-374-2534615
dr.mevlukurt@gmail.com

Fig. 1 An 82-year-old patient underwent hemoclip application for hemostasis, with lethal consequences at subsequent magnetic resonance imaging (MRI). a The linear laceration in the esophageal wall seen during upper endoscopy. b Hemoclip application for hemostasis. c Diffusion-weighted MRI section at b = 1000 s/mm² demonstrated high signal intensity in the left parietal lobe (which has low mean apparent diffusion coefficient values – not shown), consistent with cytotoxic edema due to acute infarction. d A hemoclip (arrow) in the MRI scanner.