Tulip-bundle technique as rescue hemostatic therapy in a deep Mallory–Weiss tear

An 80-year-old woman who was anticoagulated with rivaroxaban for a previous deep venous thrombosis of the left lower limb presented with a 12-hour history of hematemesis. Her physical examination was unremarkable, and she had a blood pressure of 153/78 mmHg and heart rate of 75 beats/minute. Laboratory test results showed a hemoglobin level of 13.1 g/dL. Upper gastrointestinal endoscopy revealed a deep Mallory–Weiss tear with a visible vessel and active pulsatile bleeding located in a hiatus hernia. Because she was anticoagulated with rivaroxaban, mechanical hemostasis with clips (Resolution Clip; Boston Scientific) was selected as the treatment but despite the application of six hemostatic clips, bleeding persisted. Subsequently, a tulip-bundle technique was planned. A detachable snare (MAJ-254; Olympus, Tokyo, Japan) was placed over the clips, which resulted in immediate hemostasis. Adjunctive management with nil per os, a proton pump inhibitor as a continuous infusion, metoclopramide, and prophylactic enoxaparin instead of rivaroxaban was instituted. The patient remained asymptomatic and was discharged 3 days later. Mallory–Weiss syndrome accounts for 6%–14% of all cases of upper gastrointestinal bleeding, mainly occurring at the gastroesophageal junction or gastric cardia [1]. The tulip-bundle technique consists of the placement and tightening of a detachable snare around clips [2]. This technique has a range of applications, including hemostasis and closure of perforations and fistulae [2,3]. Moreover, this technique may represent an effective rescue treatment in bleeding that is refractory to initial hemostasis in patients with comorbidities that limit hemostatic options, as highlighted in this report.
References


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DOI http://dx.doi.org/10.1055/s-0042-100200
Endoscopy 2016; 48: E42–E43
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

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