

A case of endoscopic hemostasis using double-balloon endoscopy for an intestinal hemorrhage in a giant incisional hernia

A 62-year-old man was referred to Chiba University Hospital with melena. He had previously suffered from severe peritonitis due to appendicitis and consequently had a giant abdominal incisional hernia. Although his appearance was pale due to a hemoglobin concentration of 6.9 g/dL, his vital signs were stable. His abdomen was distended in the right side because of, not only the hernia, but also his severe obesity; he had a body mass index of 42.3 kg/m² (► **Fig. 1**).

An abdominal computed tomography scan clearly demonstrated the giant incisional hernia, which included the jejunum, ileum, and ascending colon (► **Fig. 2**). No suspected bleeding point was found during esophagogastroduodenoscopy and small-bowel capsule endoscopy; however, transoral and transanal double-balloon endoscopy (DBE) were performed when the patient presented with melena (► **Fig. 3**). We found a small Dieulafoy's lesion with pulsatile bleeding in the lower section of the ileum, and performed hemostatic clipping for the lesion (► **Video 1**). Rebleeding was not seen after clipping, and the patient was discharged.

There are no reports on endoscopic hemostasis using DBE for an intestinal hemorrhage in a giant incisional hernia. The presence of an abdominal hernia is not a contraindication to colonoscopy [1]. Careful assessment by physical examination and radiological images before endoscopy is important because this can alert an endoscopist to potential risks, such as perforation and incarceration, especially in the case of an incisional hernia [2,3]. Furthermore, although DBE has not been found to be superior to other deep enteroscopy techniques, such as single-balloon endoscopy and spiral endoscopy, for increasing diagnostic or therapeutic yields, the rate of com-



► **Fig. 1** Physical examination showed severe obesity, and distension in the right side of the abdomen.

plete enteroscopy with DBE has been shown to be higher than the rate with other techniques [4,5]. To conclude, endoscopic hemostasis by DBE should be considered in cases with a giant incisional hernia.

Endoscopy_UCTN_Code_CCL_1AC_2AB

Competing interests

None

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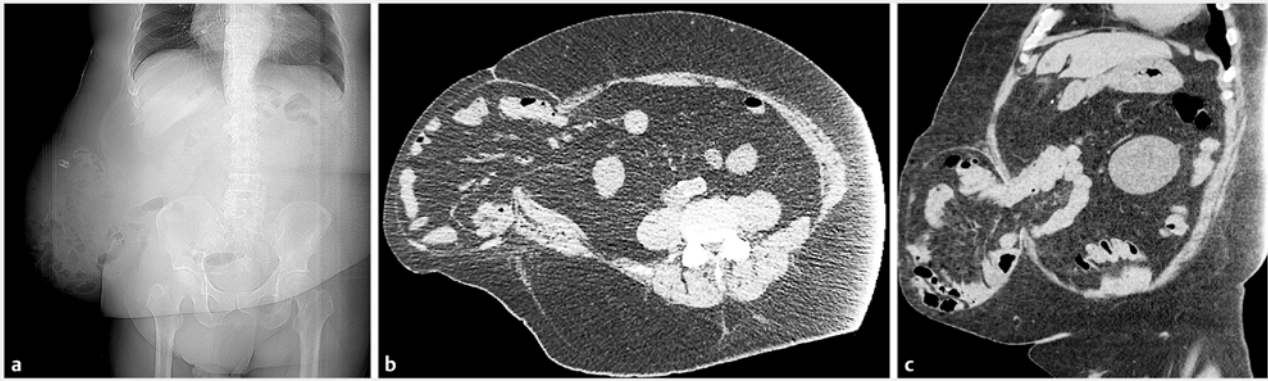
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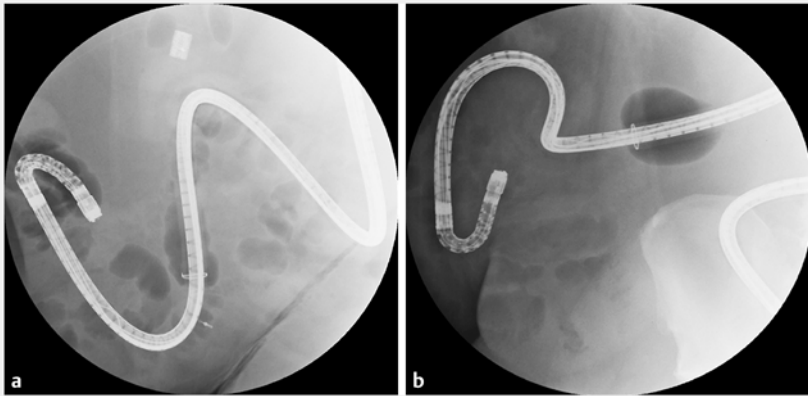
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► **Video 1** Double-balloon endoscopy was performed to evaluate intestinal bleeding. Hemostatic clipping was performed for a bleeding intestinal Dieulafoy's ulcer.



► **Fig. 2** Abdominal computed tomography scan. **a** Giant incisional hernia, including the jejunum, ileum, and ascending colon, was visible on the X-ray image. **b** The axial view. **c** The coronal view.



► **Fig. 3** Fluoroscopic view of double-balloon endoscopy. **a** Transoral insertion to the jejunum, including the giant incisional hernia. **b** Transanal insertion to the ileum and ascending colon, including the giant incisional hernia.

Bibliography

DOI <https://doi.org/10.1055/s-0043-111712>

Published online: 18.7.2017

Endoscopy 2017; 49: E221–E222

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Stuttgart · New York

ISSN 0013-726X

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