Clinics and Research in Hepatology and Gastroenterology (2019) 43, 625—626

Available online at ScienceDirect www.sciencedirect.com

Elsevier Masson France EM|consulte www.em-consulte.com/en

IMAGE OF THE MONTH

Cold guillotine of adherent clot in delayed post-polypectomy bleeding

Vincent Zimmer[a,b,*]

[a] *Department of Medicine, Marienhausklinik St. Josef-Kohlhof, Neunkirchen, Germany*
[b] *Department of Medicine II, Saarland University Medical Center, Saarland University, Homburg, Germany*

Available online 7 February 2019

KEYWORDS
Colonoscopy;
Polypectomy;
Lower gastrointestinal bleeding;
Endoscopic hemostasis

Delayed post-polypectomy bleeding is a common and feared complication of endoscopic polypectomy or other endoscopic resection techniques for gastrointestinal neoplasia. A reliable conceptual strategy and tangible endoscopy technique is a *sine qua non* to successfully achieve hemostasis. While the *Forrest* classification has been developed and validated for upper gastrointestinal ulcer bleeding, this categorization has been widely embraced in endoscopy practice to classify ulcerative lower GI lesion as are typically encountered in delayed bleeding complications following endoscopic resection.

A 72-year-old patient presented as an emergency with passage of fresh blood and clots 6 days following outpatient polypectomy elsewhere while on bridging low-molecular weight heparin. The patient underwent urgent colon preparation and was examined the following morning (haemoglobin decrease to 9.6 g/dL). In the transverse colon a post-polypectomy ulcer with a large adherent clot emerged corresponding to a *Forrest* IIb lesion (A), representing an indeterminate (and inacceptable) category to guide clinico-endoscopic decisions. After ineffective washing manoeuvres, we injected diluted suprarenin solution around the lesion (B). This was followed by guillotine of the clot using a cold snare (C), expectedly exposing a large underlying vessel at the aboral margin (D), which was subsequently provided with a large deep and a smaller

* Corresponding author at: Department of Medicine, Marienhausklinik St. Josef-Kohlhof, Klinikweg 1—5, 66539 Neunkirchen, Germany.
E-mail address: vincent.zimmer@gmx.de

https://doi.org/10.1016/j.clinre.2019.01.002

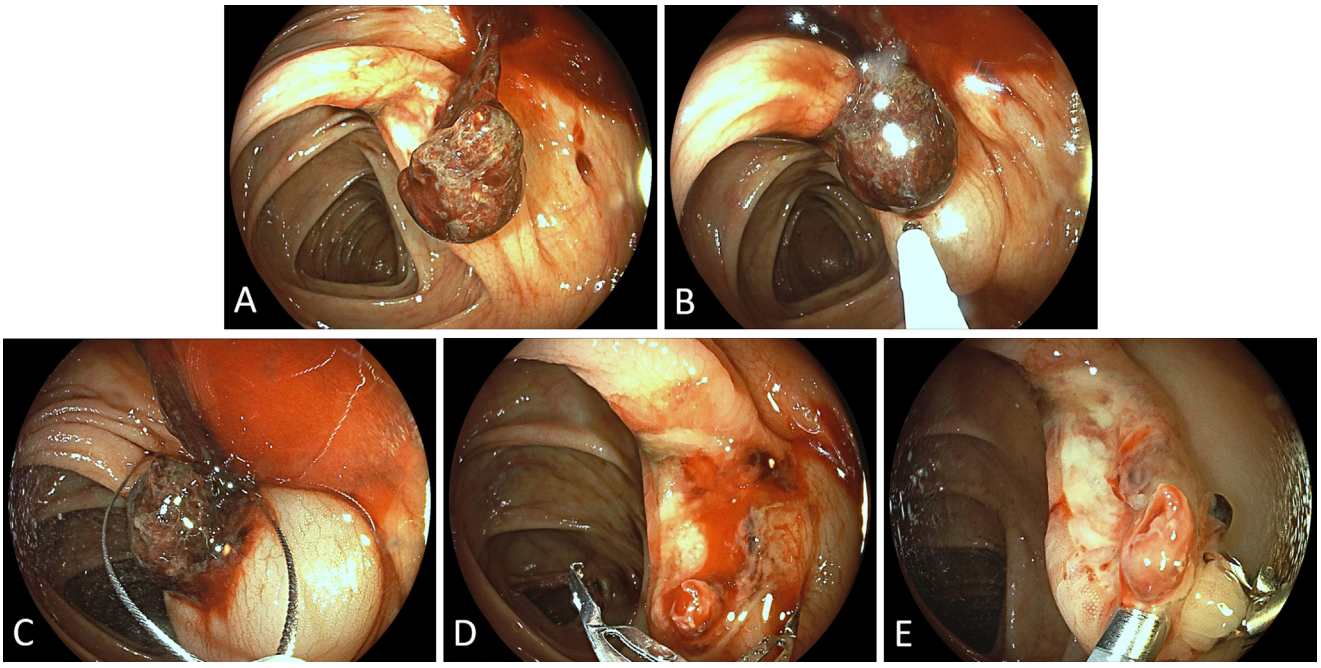

Figure 1 A. A large adhering clot in the transverse colon related to endoscopic polypectomy 6 days before. B. Injection of some 3 ml of diluted suprarenin solution. C. C̈old guillotineöf the adherent clot using a cold snare. D. Full exposition of the large vessel at the margin of the resection ulcer. E. Effective endoscopic hemostasis by application of two endoclips of variable size and grasping depth.

superficial hemoclip (E). This resulted in an effective endoscopic hemostasis with an unremarkable further clinical course Fig. 1.

Disclosure of interest

The authors declare that they have no competing interest.