A 50-year-old woman with a past medical history of diabetes, end-stage renal dis-
ease, and hypertension presented to the gastroenterology clinic with melena and
severe iron deficiency anemia (IDA). She reported no use of antithrombotic
agents or nonsteroidal anti-inflammato-
tory agents.
She underwent Helicobacter pylori stool
testing, which was negative, and upper
endoscopy, which showed normal ap-
pearing esophagus and duodenum. Ex-
amination of the stomach showed multi-
ple antral pedunculated and semi-ped-
unculated, dome-shaped, multilobar,
hemorrhagic, polypoid lesions, 2 – 3 cm
in size, which were highly suggestive of
hyperplastic polyps (Fig. 1). Endo-
scopic ultrasound showed the lesion to
be limited to the mucosa with all layers
intact (Fig. 2). As these lesions were
presumed to be the cause of the IDA, an
endoscopic band ligation was performed
in an attempt to debulk the disease
(Fig. 3). The polyps were suctioned
and bands were applied from the distal
to proximal location (Video 1). Im-
mediate strangulation of the polyps was
followed by congestion and cyanotic
changes.
Following serial banding, no post-proce-
dural bleeding or perforation was noted.
The patient was discharged and a repeat
upper endoscopy 8 weeks later showed
healed ulcers with clear bases and com-
plete resection of the polyps (Fig. 4),
with a resolution of the melena and IDA.
Hyperplastic polyps are the most com-
mon type of polyps in the stomach.
Although the majority of hyperplastic
polyps are asymptomatic, bleeding, ob-
struction, and rarely malignant transfor-
mation are noted. Resection of these
polyps can be performed with snare polyp-
cectomy; however, this carries a risk of
bleeding of 7.2% [1]. Endoscopic band
ligation is an effective technique, with
complete resection of polyps achieved in
a single session and with minimal risk of
extensive bleeding. Furthermore, the risk
of perforation is low. It can be used for
both sessile and pedunculated polyps [2].

Video 1

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Fig. 1 Semi-pedunculated benign-appearing gastric antral hyperplastic polyps.

Fig. 2 Endoscopic ultrasound showed the lesion to be mucosal, with all layers
intact. (Green arrow, mucosal polyp; left red arrow, deep mucosa; right red arrow,
submucosa.)

Fig. 3 Inspection of the polyp with gas-
troscope (with banding kit).

Competing interests

Benjamin Tharian is a medical consultant for
BSC and Medtronics. No conflict related to
this publication. Rest of the authors report
no conflict of interest.

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**Video 1** Video showing resection of multiple gastric polyps with endoscopic band ligation.

**Fig. 4** Complete resection of the gastric polyps.

E-Videos

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