A 75-year-old man underwent surveillance colonoscopy after endoscopic submucosal dissection for an intramucosal adenocarcinoma in his transverse colon. Colonoscopy revealed a metachronous colonic polyp in the transverse colon (Fig. 1a). Macroscopically, this was a type 0-IIa lesion and, according to the JNET classification [1], it was type 2A, indicating a low grade adenoma (Fig. 1b). Therefore, we performed cold snare polypectomy (CSP) using the Snare Master Plus (10 mm; SD-400U-10, Olympus, Tokyo, Japan). Bleeding continued for 60 seconds after CSP (immediate bleeding; Fig. 1c), therefore we choked the mucosal defect, including the surrounding mucosa, with the same snare (Fig. 1d). We continued the choking for 30 seconds, which stopped the bleeding (Fig. 1e).
There were no complaints of hematochezia thereafter. Pathologically, the polyp was a low grade tubular adenoma, with no involvement of the lesion at the cut margin. CSP is widely performed for subcentimeter polyps, where less delayed bleeding, coagulation syndrome, and perforation are expected [2–5]. However, immediate bleeding sometimes occurs after CSP and hematochezia can cause anxiety [2, 3, 5]. In this case, choking with a snare enabled prompt and successful control of immediate bleeding, without the need to change to other devices, such as clips or hemostatic forceps.

Competing interests

Yoji Takeuchi received honoria from Olympus. The other authors declare that they have no conflict of interest.

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