A randomized trial of patients with large nonpedunculated colorectal lesions undergoing endoscopic resection showed that clip closure of mucosal defects in patients with a risk of bleeding could reduce delayed bleeding [1]. However, empirically, lesions near the dentate line are considered to display less wall mobility, and endoscopic ligation is difficult. In post-gastric endoscopic submucosal dissection (ESD) ulcers, which are similarly difficult to close by endoscopic ligation, we have used a modified search, coagulation, and clipping (MSCC) method using polyglycolic acid sheets (PGA) and fibrin glue (PMSCC) for patients at high risk of delayed bleeding [2], and reported good results with no delayed bleeding among nine patients [3]. We therefore devised a new strategy using PMSCC for patients at high risk of delayed bleeding after colorectal ESD near the dentate line.

A coagulation procedure was performed after lesion resection, mainly for the vessels at the margin of the ulcer base near the dentate line. Perforators emerging between the muscle layers were identified and clipped using hemoclips. Because perforators may also be present in carbonized areas of the ulcer base, clipping was also performed in such areas, constituting the MSCC method (▶ Fig. 1). Several small PGA sheets were then placed (based on the size of the ulcer base) using the method proposed by Takimoto et al. [4] (▶ Fig. 2). Finally, fibrin glue was sprayed. These steps constitute the PMSCC method for patients at high risk of delayed bleeding after colorectal ESD near the dentate line. ▶ Video 1 shows the method being used in an 80-year-old man with a high risk of delayed bleeding because of oral administration of direct oral anticoagulants.
Use of the PMSCC method may prevent post-ESD bleeding in patients at high risk of delayed bleeding after colorectal ESD near the dentate line.

Competing interests

The authors declare that they have no conflict of interest.

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