Usefulness of gel immersion endoscopy to identify a colonic diverticulum with active bleeding

Management of colonic diverticular bleeding is clinically important because severe cases require transarterial embolization or surgical intervention; colonic diverticular bleeding can cause death in elderly patients with multiple comorbidities [1]. Colonoscopy enables the diagnosis and treatment of the bleeding site; however, identifying the diverticulum with active bleeding is challenging. Gel immersion endoscopy has been reported to be useful for securing the visual field during endoscopy for gastrointestinal bleeding [2, 3]. We report a case in which gel immersion endoscopy was effective in allowing the colonic diverticulum with active bleeding to be identified. An 87-year-old man taking aspirin and apixaban for ischemic heart disease presented to our hospital with massive hematochezia from that morning. On admission, his hemoglobin level was 8.0 g/dL and he exhibited vital signs of shock. Contrast-enhanced computed tomog-
ography revealed extravasation in the ascending colon (Fig. 1). We performed emergency colonoscopy with blood transfusion. Fresh blood and clotting were observed in the ascending colon (Fig. 2). However, we were unable to identify the bleeding point because of active bleeding and poor visual field. After injecting Viscoclear gel (Otsuka Pharmaceutical Factory, Tokushima, Japan) [4], the visual field improved and a diverticulum with pulsatile bleeding was identified (Fig. 3, Video 1). An endoclips was placed as a marker close to this diverticulum, and endoscopic band ligation was then carried out (Fig. 4). Bleeding did not recur after the treatment.

In summary, we found gel immersion endoscopy to be useful for identifying a colonic diverticulum with active bleeding.

Competing interests

The authors declare that they have no conflict of interest.

References

[2] Yano T, Nemoto D, Ono K et al. Gel immersion endoscopy: a novel method to secure the visual field during endoscopy in bleeding patients (with videos). Gastrointest Endosc 2016; 83: 809–811