A 60-year-old man suffering from esophageal cancer and received his nutrition via gastrostomy. Laboratory findings revealed severe anemia, and gastrointestinal bleeding was therefore suspected. The stricture caused by the esophageal cancer made it impossible to pass the gastrointestinal endoscope. As a last resort, therefore, endoscopy via the gastrostomy was attempted in order to identify and treat the source of bleeding. We were able to pass the gastrointestinal scope (Olympus XP260N; Olympus Corp., Tokyo, Japan), via the gastrostomy port into the stomach (Fig. 1).

Oozing of blood was observed from a lesion in the body of the stomach (Fig. 2). Endoscopic hemostasis was achieved using argon plasma coagulation (Fig. 3) after changing the scope to an Olympus Q260. Computed tomographic examination revealed that the bleeding was caused by invasion of the stomach by a cancerous lymph node (No. 3) (Fig. 4).

Computed tomographic examination revealed that the bleeding was caused by invasion of the stomach by a cancerous lymph node (No. 3) (Fig. 4).

Endoscopic hemostasis through gastrostomy

Competing interests: None

Endoscopy_UCTN_Code_TTT_1AO_2AD

T. Uchiyama¹, A. Goto², E. Sakai¹, Y. Sekino¹, H. Iida¹, H. Endo¹, K. Hoshino¹, Y. Sakamoto¹, T. Koide¹, H. Takahashi¹, M. Yoneda¹, C. Tokoro¹, Y. Abe¹, T. Shimamura¹, N. Kobayashi¹, K. Kubota¹, S. Maeda¹, A. Nakajima¹, Y. Ichikawa², M. Inamori¹

¹ Gastroenterology Division, Yokohama City University School of Medicine, Yokohama, Japan

² Division of Oncology, Yokohama City University School of Medicine, Yokohama, Japan

References


Bibliography


Endoscopy 2010; 42: E270

© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
M. Inamori, MD, PhD
Gastroenterology Division
Yokohama City University School of Medicine
3-9 Fukaura
Kanazawa-ku
Yokohama, 236-0004
Japan
Fax: +81-45-7843546
inamorim@med.yokohama-cu.ac.jp