A 73-year-old woman was admitted to hospital for management of early gastric cancer. Esophagogastroduodenoscopy (EGD) demonstrated a 2-cm elevated mucosal lesion with a central depression on the lesser curvature of the distal antrum, which after forceps biopsy was confirmed histopathologically to be a well-differentiated adenocarcinoma (Fig. 1). The patient’s medical history was significant for liver cirrhosis related to hepatitis C virus, hypertension, and type 2 diabetes mellitus. She had been monitored for 3 years for Child–Pugh class A liver cirrhosis. Her vital signs were stable. Her laboratory test results were as follows: white blood cell count 2.2 × 10^9/L, hemoglobin 9.1 g/L, platelet count 62 × 10^9/L, creatinine 0.8 mg/dL, albumin 3.2 g/dL, aspartate aminotransferase 90 U/L, alanine aminotransferase 54 U/L, and glucose 129 mg/dL. Abdominal computed tomography (CT) confirmed the presence of liver cirrhosis with splenomegaly. An endoscopic submucosal dissection (ESD) was performed using propofol and midazolam for balanced sedation. The lesion was successfully resected en bloc and fixed by pins. An artificial ulcer crater is seen without evidence of perforation on day 1 after the ESD procedure.

Although the exact cause of the death of this patient is not clear, we speculate that a hidden infection via bacteremia might be the explanation for her deterioration. The incidence of transient bacteremia after gastric ESD is between 2% and 4% [1, 2]. No previous report of mortality related to gastric ESD exists, and we have reported elsewhere that gastric ESD can be safely performed on patients with liver cirrhosis [3]. However, the present case makes us reconsider the safety of ESD for patients with liver cirrhosis. Endoscopists should consider that ESD may possibly be accompanied by unexpected complications and may change the course of the disease even if the resection itself is successful.
References

2. Itaba S, Iboshi Y, Nakamura K et al. Low frequency of bacteremia after endoscopic submucosal dissection of the stomach. Dig Endosc 2011; 23: 69–72

Bibliography

DOI http://dx.doi.org/10.1055/s-0032-1325858
Endoscopy 2012; 44: E431–E432
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
E. S. Kim, MD
Department of Internal Medicine and Division of Gastroenterology and Hepatology
Keimyung University School of Medicine
194 Dong San-dong
Jung-gu
Daegu 700-712
South Korea
Fax: +82-53-2507088
dandy813@hanmail.net