A 60-year-old woman with no relevant medical history underwent endoscopic mucosal resection (EMR) of a 7-cm 0-Is lesion in the distal sigmoid colon. A solution of saline, indigo carmine, and 1/100 000 adrenaline was injected into the submucosa, and piecemeal snare resection was performed (Fig. 1). Persistent oozing occurred during EMR and was partially controlled by subsequent submucosal injections and resections. After complete resection, a 4 × 4 cm mucosal defect over a colonic fold could be seen, with diffuse oozing but no visible vessels. The defect was closed using hemostatic clips, but diffuse oozing persisted between the clips (Fig. 2). Attempts to place a detachable snare (MAJ-254; Olympus, Tokyo, Japan) underneath the clips, in order to perform the tulip-bundle technique, were unsuccessful because of the large diameter of the defect with clips and its position over the colonic fold (Fig. 3).

Therefore, a double-channel colonoscope (GIF 2T160I; Olympus) was used, and a grasping forceps was used to retract the defect while a detachable snare was positioned underneath the clips and closed, resulting in immediate hemostasis (Fig. 4). Despite initial hemostasis, the patient presented with hematochezia 4 hours later. Recurrent oozing from the proximal border of the mucosal defect, which had not been entrapped by the detachable snare, was observed and could not be...
Attempts to perform the tulip-bundle technique to treat diffuse oozing from a large endoscopic mucosal resection defect closed with clips were unsuccessful because of the large diameter of the defect with clips and its position over a colonic fold.

A double-channel colonoscope was used to retract the defect with a grasping forceps while a detachable snare was positioned underneath the clips and closed, resulting in instant hemostasis.

The same grasp-to-retract and tulip-bundle technique was performed in the retroflexed position in the sigmoid colon to treat bleeding that occurred from the proximal border of the defect 4 hours later.

treated with further clipping. With the endoscope in the retroflexed position, the tulip-bundle technique was attempted but was, again, unsuccessful. Using the double-channel colonoscope in the retroflexed position, and the same grasp-to-retract and tulip-bundle technique, definitive hemostasis was achieved (Video 5, Fig. 6, Video 3).

Histology revealed a tubulovillous adenoma with high grade dysplasia.

Detachable snares have various indications that include assisting polypectomy, resecting submucosal tumors [1], and performing full-thickness resections [2]. The tulip-bundle technique involves the snare entrapping the clips to achieve hemostasis [3] or to close perforations [4]. This grasp-to-retract modification, which has been described previously for other techniques [5], can assist the tulip-bundle technique in difficult procedures.

Competing interests: None

References
5 Ponte A, Pinho R, Vale S et al. Resection of a large ileal lipoma exhibiting ball-valve prolapse into the cecum with a “grasp-to-retract, ligate, unroof, and let-go” technique. Endoscopy 2015; 47 (Suppl. 01): E215 – 216