Surgery avoided by the use of over-the-scope clips for severe duodenal complications associated with endoscopic mucosal resection

During endoscopic treatment for duodenal neoplasm, hazardous complications such as perforation and bleeding sometimes occur owing to the anatomical characteristics of the duodenum [1–3]. Although surgical repair has been traditionally required for these complications, the procedure is invasive and complicated [4]. A currently available over-the-scope clip (OTSC; Ovesco Endoscopy, Tübingen, Germany) has provided excellent outcomes for gastrointestinal refractory bleeding and full-thickness defects [5]. Here, we describe a notable case in which iatrogenic duodenal complications could be managed with OTSCs.

A 56-year-old man presented with a duodenal adenoma that showed a reddish and flat elevated lesion, approximately 10 mm in diameter, located in the posterior wall of the second duodenal portion (▶Fig. 1). After submucosal injection, cap-assisted endoscopic mucosal resection (EMR) was performed under carbon dioxide insufflation. A large full-thickness perforation, 20 mm in diameter, occurred (▶Fig. 2a), and spurting arterial bleeding was seen (▶Fig. 2b). The bleeding was accompanied by hemorrhagic shock and was immediately controlled using hemostatic forceps (Coagrasper; Olympus, Tokyo, Japan). OTSCs were then applied to close the defect at the perforation site, after obtaining informed consent. Grasping forceps (Twingrasper; Ovesco Endoscopy) were used to approximate the edges of the large defect. The defect was mostly closed by one OTSC (t type, 9 mm), and the remaining defect was closed by an additional OTSC using simple suction (▶Fig. 3, ▶Video 1). A radiographic examination 5 days later confirmed no leakage at the perforation site (▶Fig. 4). The patient was discharged without additional interventions 19 days later. A histological examination revealed...

▶Fig. 1 An upper gastrointestinal endoscopy revealed a reddish and flat elevated lesion (yellow arrows), approximately 10 mm in diameter, located in the posterior wall of the second duodenal portion.

▶Fig. 2 Endoscopic views. a A large full-thickness perforation, 20 mm in diameter, occurred with exposure of the muscle layer after performing cap-assisted endoscopic mucosal resection. b Spurting arterial bleeding was seen at the edge of the perforation site.

▶Video 1 Cap-assisted endoscopic mucosal resection was performed for a tumor located in the second duodenal portion. A large full-thickness perforation occurred with spurting arterial bleeding. After complete hemostasis was achieved using hemostatic forceps, the defect was successfully closed by two over-the-scope clips.
Curative resection of a tubular adenoma with moderate-grade dysplasia. Follow-up endoscopy 2 months later confirmed complete closure of the defect (Fig. 5). This case demonstrates that OTSC rescue may be a minimally invasive therapy option for a life-threatening complication such as a large duodenal perforation with spurting bleeding.

References


Bibliography
DOI https://doi.org/10.1055/s-0043-115891
Published online: 3.8.2017
Endoscopy 2017; 49: E279–E280
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos