“Step-clipping” method: a technique for detecting previously bleeding diverticula

Bleeding of colonic diverticula is a common complaint, but it remains challenging to treat endoscopically because of the difficulty in determining the responsible diverticulum, particularly if the bleeding stops spontaneously. Additionally, endoscopic examinations lasting >60 minutes are, in some cases, also problematic [1]. Thus, an innovative diagnostic technique is eagerly anticipated.

Extravasation, observed during contrast-enhanced computed tomography (CECT), is an important factor in the identification of a bleeding diverticulum. However, even when CECT shows extravasation, colonoscopy-based detection of the responsible diverticulum occurs in only 60%–68% of cases [2–4]. This is because colonoscopy does not provide the precise positioning provided by CT, particularly if active bleeding is absent. Here, we report a case of diverticular bleeding in which the “step-clipping” method was used to identify the responsible diverticulum (▶Video 1).

A 70-year-old woman was admitted with massive hematochezia. Upon admission, CECT was conducted and revealed numerous diverticula in the ascending colon and active bleeding from one of them (▶Fig. 1). Subsequently, colonoscopy identified a fresh pool of blood remaining in the ascending colon. However, the active bleeding had spontaneously stopped, making detection of the responsible diverticulum difficult. After minimal searching, we placed five marking clips, 2 inches apart, in the ascending colon (step-clipping method), and performed unenhanced CT (▶Fig. 2). The positional relationship between each clip and the responsible diverticulum, identified in the initial CECT study, was evaluated. The responsible diverticulum was found opposite the second clip, near the ileocecal bulb (▶Fig. 3). Based on this evaluation, colonoscopy successfully identified the responsible diverticulum within 1 minute.

Endoscopic band ligation [1] was performed to provide endoscopic hemostasis. An exposed vessel on the ligated diverticulum provided evidence of the cause of this bleeding incident. After ligation, there was no recurrence of bleeding, demonstrating the clinical feasibility of the step-clipping method.

Endoscopy_UCTN_Code_TTT_1AQ_2AZ

▶Video 1 Once bleeding has stopped, searching for the responsible diverticulum becomes difficult and time consuming. The step-clipping method provides precise positional information, allowing rapid, permanent hemostasis using endoscopic band ligation.

▶Fig. 1 Extravasation from a dorsal diverticulum (arrow) on the ascending colon is shown in a contrast-enhanced computed tomography image, acquired on the day of admission.
**Fig. 2** “Step-clipping” scheme.  

**a** Five clips are placed in the ascending colon, 2 inches apart.  

**b** The position of the five clips is schematically viewed via colonography.

**Fig. 3** Comparison of sagittal computed tomography (CT) images before and after step-clipping.  

**a** Extavasation from the dorsal diverticulum in the ascending colon is evident (yellow arrow).  

**b** The responsible diverticulum is observed opposite the second clip (red arrow), near the ileocecal bulb, using unenhanced CT.
Competing interests
None

The authors
Hirosato Tamari1, Taiki Aoyama1, Shinji Nagata2, Kenjiro Shigita2, Naoki Asayama1, Akira Fukumoto2, Shinichi Mukai1
1 Department of Gastroenterology, Hiroshima City Asa Citizens Hospital, Hiroshima, Japan
2 Department of Endoscopy, Hiroshima City Asa Citizens Hospital, Hiroshima, Japan

Corresponding author
Taiki Aoyama, MD, PhD
Department of Gastroenterology, Hiroshima City Asa Citizens Hospital, 2-1-1 Kabe-minami, Asakita-ku, Hiroshima 731-0293, Japan
Fax: +81-82-8141791
t-aoyama@asa-hosp.city.hiroshima.jp

References


Bibliography
DOI https://doi.org/10.1055/s-0043-120521
Published online: 25.10.2017
Endoscopy 2018; 50: E10–E12
© 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