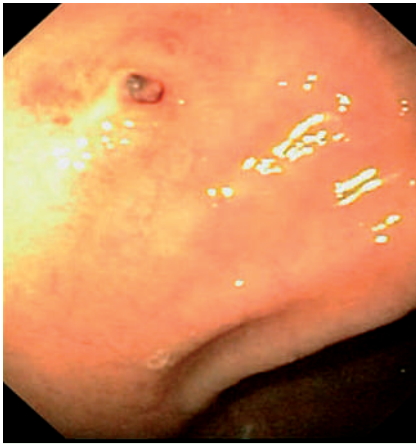


## An unfortunate (and inappropriate) gastric biopsy



**Fig. 1** Gastric erosion with an adherent clot.

A 66-year-old man presented to the emergency department of our hospital with hematemesis and melena of 10 hours' duration. On admission, the pulse rate was 81 bpm and blood pressure was 100/50 mm Hg. The hematocrit was 22%, the platelet count was 103 000/mm<sup>3</sup>, and the international normalized ratio was 1.19.

The patient had received a diagnosis of coronary heart disease 5 years earlier. He was treated with percutaneous coronary angioplasty, and took a daily aspirin dose of 100 mg. He had undergone screening endoscopy in another hospital 2 days before admission, because he had been diagnosed with hepatitis C virus-related cirrhosis (Child-Pugh class A); upper gastrointestinal endoscopy was normal, and single-bite biopsies with conventional forceps were taken from normal-appearing gastric mucosa.

Early endoscopy revealed a gastric antral erosion with an adherent clot at the site of a previous single-bite biopsy (● **Fig. 1**); three clips were placed onto the lesion. The patient received blood and platelet transfusions. Recovery was uneventful and the patient was discharged 5 days later.

Endoscopic biopsy is a procedure associated with a low risk of bleeding. Furthermore, there is insufficient evidence to indicate that concurrent use of aspirin increases the risk of bleeding related to endoscopic procedures. Aspirin does not prolong gastric bleeding time after gastric biopsies [1], and endoscopic procedures can be performed in patients taking aspirin [2]. However, procedure indication such as gastric biopsy should be carefully taken into account in patients with cumulative risk factors for bleeding, such as cirrhosis and low-dose aspirin use.

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