A 68-year-old woman with diabetes mel−litus presented with bleeding from a gas−tric ulcer that had not been treated pre−viously. Upon admission she was found
to be anemic (red cell count 2.66 × 10⁶ /μl, Hb 8.4 g/dl). Endoscopy revealed a large amount of coagulated blood in the stomach, and bleeding from an open ulcer containing a distinctly visible blood vessel (Fig. 1). Endoscopic sclerotherapy with hypertonic saline−epinephrine (HSE) was performed. The bleeding stopped with injection of 12 ml HSE. On the day after the initial endoscopic sclerotherapy, the anemia worsened, so repeat endoscopic sclerotherapy was performed. The vessel that was noted in the previous endoscopy was persistent. An additional 27 ml HSE was injected. On day 3 after the second endoscopic sclerotherapy, the patient developed high fever (39°C) with upper ab−dominal pain. Enhanced computed to−mography (CT) showed a large hypodense area in the spleen, characteristic of infarc−tion (Fig. 2). Intravenous antibiotic therapy was initiated, following which the abdominal pain disappeared, but the high fever persisted. On day 13 after ad−mission, arteriography was performed, and the splenic artery was found to be ob−structed (Fig. 3). The high fever continued for more than 7 days; hence, en−hanced CT was repeated and revealed a large splenic abscess. A laparotomy was performed. The whole spleen was found to be necrosed and was debrided. The splenic artery was sclerosed by HSE injec−tion, and there was no bleeding from the splenic artery. The postsurgical clinical course was uneventful, and the patient was discharged on day 24 after surgery.

To the best of our knowledge, this is the first reported case of splenic infarction and abscess that developed after HSE injection administered for a bleeding gas−tric ulcer. Splenic infarction and abscess should be considered in a patient with persistent high fever and pain after endo−scopic injection therapy. The use of ad−hesive agents and small amounts of sclerosants and slow injection speed are recommended for endoscopic injection therapy [1].

References
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Bibliography
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Splenic infarction and abscess after endoscopic injection of hypertonic saline−epinephrine solution administered for bleeding gastric ulcer