

Giant duodenal bleeding ulcer with a large visible vessel treated with an over the scope clip

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A 83-year-old female patient was admitted to the emergency room (ER) of another hospital with melena. She was treated with apixaban for atrial fibrillation. She reported epigastric pain in the previous month and had excessive use of nonsteroidal anti-inflammatory drugs for osteoarticular disease. She presented with hypovolemic shock (heart rate 130 bpm, blood pressure 70/40 mmHg) and the hemoglobin level was 5.9 g/dl. Stabilization, transfusion of 2 units of red blood cells (RBC) and a bolus (80 mg) of intravenous pantoprazole followed by infusion (8 mg/h) were performed and the patient was transferred to our ER for esophagogastroduodenoscopy (EGD). On EGD, 3 gastric ulcers without bleeding stigmata were identified. In addition, a giant deep ulcer with a large adherent blood clot (Forrest IIb) in the duodenal bulb and another in the transition to the second part of the duodenum were observed. Due to the large size of both the ulcer and the blood clot, no endoscopic therapy was performed.

Twelve hours after the procedure, the patient had rebleeding for which a transfusion of 3 RBC units was required and a second EGD was performed. Fresh blood in the stomach and duodenum was found. A giant ulcer in the duodenal bulb with a large 6mm vessel without active bleeding (Forrest IIa) was observed. Therefore, an over the scope clip (OTSC) (11/6t, Ovesco) was successfully placed over the vessel. The other duodenal ulcer had only a flat hematin pigment. After endoscopic therapy, no rebleeding occurred and the hemoglobin finally increased to 12 g/dl without further transfusions. The patient was discharged after 9 days.

The OTSC is an innovative device that can be a useful tool to achieve hemostasis in patients who failed previous endoscopic therapy or have very large vessels.

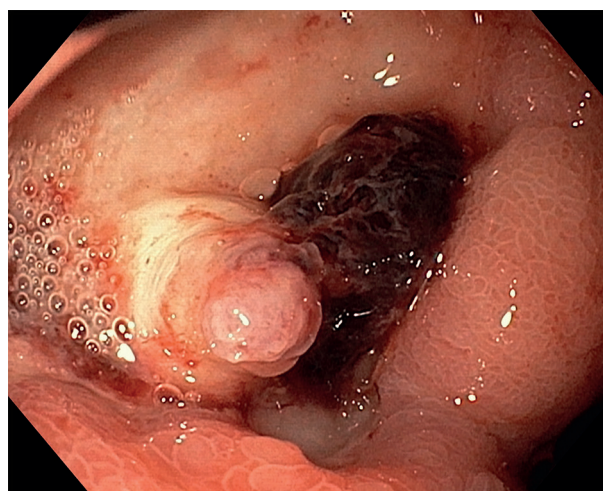


Figure 1. — Giant ulcer with a large vessel.

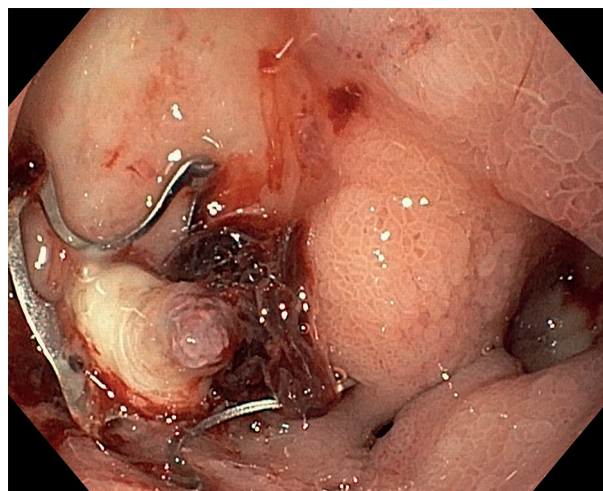


Figure 2. — Over the scope clip applied around the bleeding vessel.

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