Rescue Endoscopic Bleeding Control for Non-variceal Upper-GI Hemorrhage Using Detachable Snare

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Background/Aims: Despite the advances in pharmacology and therapeutic endoscopy, non-variceal upper gastrointestinal bleeding remains a challenging condition faced by gastroenterologists. Primary failure of endoscopic therapy and recurrent bleeding after adequate initial endoscopic therapy can occur in up to 24% of high-risk patients. The aim of this study is to evaluate the clinical usefulness of detachable snare for rescue endoscopic bleeding control of non-variceal upper GI hemorrhage.

Methods: This study was the retrospective analysis. Between April 2009 and August 2010, total 100 patients underwent initial endoscopic bleeding control on high risk non-variceal upper gastrointestinal bleeding (modified Forrest’s classification Ia, Ib, IIa) at Konkuk university medical center. Rescue endoscopic bleeding control was performed with one or more detachable snares which put on the previous attached clips and/or new applied clips. The clinical features and endoscopic findings of 7 patients treated by rescue endoscopic bleeding control using detachable snare were reviewed.

Results: The failure rate of primary endoscopic hemostasis was 9% (n=9). Re-bleeding rate after adequate initial endoscopic bleeding control was 7.7% (n=7). Seven patients had rescue therapy by detachable snare. Three of 7 patients underwent rescue therapy by detachable snare due to a primary failure of initial endoscopic hemostasis and successfully controlled by rescue therapy. Four of 7 patients had rescue therapy by detachable snare because of re-bleeding after adequate initial endoscopic therapy. Rescue therapy by detachable snare was failed in a patient with re-bleeding.

Conclusion: It seems that endoscopic bleeding control using detachable snare can be useful as a rescue endoscopic bleeding therapy.

Key Words: Gastrointestinal bleeding, Endoscopic hemostasis, Detachable snare