Endoscopic Hemostasis with a Combination of Hemoclips and Endoloop for Intractable Ulcer Bleeding

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Background: This study is aiming at evaluating the efficacy of a combined use of hemoclips and endoloop in patients with intractable gastroduodenal ulcer bleeding.

Patient and Methods: From Jan 2008 to Dec 2008, 138 patients underwent emergent endoscopy for acute and non-variceal GI bleeding. Repeated endoscopic hemostasis with conventional methods was failed in 5 patients with gastroduodenal ulcer bleeding. These patients were treated endoscopically by a combination of multiple hemoclips and endoloop (Fig. 1).

Results: The initial ligation treatment was successful in all 5 patients. The treatment was completed with a single session in all cases without inducing early uncontrollable bleeding. However, significantly severe re-bleeding at the site of ligation was developed within 48 hours in 2 patients. Although one patient was successfully treated by transarterial embolization, the other patient expired due to hypovolemic shock.

Conclusion: A combination of multiple hemoclips and endoloop is not more effective modality for endoscopic treatment in patients with intractable gastroduodenal ulcer bleeding. Also, the success rate of the combination method with the cases previously failed with the traditional endoscopic therapy is not relatively high.