Intra-diverticular Hemoclip bleeding on huge colonic diverticular bleeding

Hyun Deok Shin, Myong Su Kang, Ha Yan Kang, Jeong Eun Shin

Department of Internal Medicine, Dankook University College of Medicine, Cheonan, Korea

Background: LGI bleeding is common on old people and stops spontaneously in most cases. Diverticular bleeding is the most common cause of LGI bleeding on elderly patients. Although severe lower gastrointestinal bleeding is uncommon, sometimes emergent endoscopic treatment is required.

Case 1: 66 years old male patients admitted on pulmonology for lung cancer. He complained of painless massive hematochezia the whole night through. He was a state of shock and hemoglobin was 5.9 g/dL. Vigorous fluid resuscitation was done and emergent CFS was performed. Huge diverticulum was discovered on s-colon. After removal of blood clots, exposed vessel was seen at top of sac. Hemoclips were applied on exposed vessel (Fig. 1).

Case 2: 75 years old male patient visited on ER, because of painless repeated hematochezia occurred the day before. He was a state of shock and hemoglobin was 6.1 g/dL. He received endoscopic treatment (Fig. 2).

Conclusion: Endoscopic therapy for diverticular bleeding include such as injection, thermal therapy, band ligation. They had huge diverticulum and bleeding focus was located on top of sac. Endoscopic treatments mentioned above are the high risk of perforation, because of very thin wall. Intra-diverticular hemoclinking via transparent cap may be effective in such cases.

Key Words: Diverticulum, Transparent cap, Hemoclip