Patients (n=5000) with acute coronary syndrome or undergoing PCA were randomized to clopidogrel alone or clopidogrel and omeprazole. Unfortunately, the trial was stopped due to financial issues. However, the preliminary result showed no difference in the cardiovascular events between the two groups (4).

In conclusion, PPI therapy should be considered in patients on dual antiplatelet therapy who are at risk of gastrointestinal bleeding.

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Gastric hematoma complicating routine biopsies

Rutin biyopsileri komplike eden gastrik hematom

To the Editor,

Generally, mucosal biopsy of the gastrointestinal tract is considered to be safe with very few complications reported. Gastric hematoma post-biopsy is surprisingly rare despite the number of procedures carried out (1,2).

A 71-year-old female presented with the passage of melenic stool and abdominal pain. Significant comorbid condition included ischemic heart disease, atrial fibrillation, chronic hepatitis B infection, and renal failure. Her medications included clopidogrel. On examination, she had general pallor and hepatosplenomegaly. She was otherwise hemodynamically stable. Rectal examination showed melenic stool. Investigations showed anemia (Hb 9.0 g/dl, range 12-16.0) and thrombocytopenia (72 x 10^9/L, range 150-550). Liver profile showed mild hypoalbuminemia (32 g/dl, range 35-50). The clotting profile was normal. Ultrasound scan showed hepatosplenomegaly and thickened gastric wall. Endoscopy showed gastritis and thickened antral folds. Three biopsies were taken from the folds (FB-25KR-1, open forceps diameter of 5 mm, Olympus®, Japan). This was complicated by mild oozing that settled with adrenaline injections. The patient later had a large hematemesis. Emergency endoscopy showed fresh blood and a large bluish swelling in the antrum. As she was stable, she was managed with blood and fresh frozen plasma transfusions. A computed tomography scan showed a large submucosal hematoma arising from the antrum to the mid-body of the stomach (Figure 1). Report of biopsies showed congested submucosal vessels with some hyalinosis and blood clots, sparse glands and fibromuscular hyperplasia, con-

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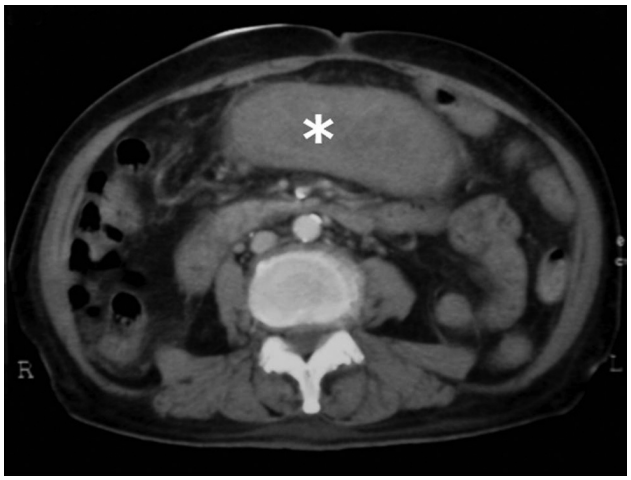

Figure 1. Axial CT image shows a large intramural hematoma in the stomach (asterisk).

sistent with gastric antral vascular ectasia (GAVE). The hematoma resolved but she continued to have recurrent anemia requiring intermittent blood transfusion since she continued to decline any endoscopic therapies.

Clinically significant bleeding is estimated to occur in less than 0.5% of all cold mucosal biopsies (1,3). Clinically significant gastric bleeding after biopsy is limited to case reports (1,2). The risk factors are probably similar regardless of the part of the gastrointestinal tract and include coagulopathy, thrombocytopenia, and vascular or mucosal abnormalities such as ulcerations. Bleeding occurs as a result of submucosal vessel injury caused by forceps biopsies (4). In intramural bleeding, treatment is mainly conservative with blood, platelets and fresh frozen plasma transfusions and acid suppressions. Embolization therapy has been reported to be successful (5). Finally, surgery should be considered if bleeding is not controlled with the other measures.

In conclusion, our case highlighted a rare but potentially fatal complication of a routine procedure. It is important for clinicians to be aware of intramural hematoma and to consider it in patients who undergo endoscopy and routine mucosal biopsies.

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Giant fibroepithelial polyp of the anus

Anüsün dev fibroepitelyal polibi

To the Editor,

Fibroepithelial polyps of the anus, also known as hypertrophied anal papillae, are benign polypoid structures formed by the anal squamous epithelium and the subepithelial connective tissue. They are generally small and asymptomatic (1). To the present, giant fibroepithelial polyp of the anus has

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