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## Successful treatment of postpolypectomy colonic hemorrhage with a combination of hemoclip and endoscopic band ligation

*Kolonik postpolipektomi kanamasının hemoklip ve endoskopik bant ligasyonu ile başarılı tedavisi*

To the Editor

Approximately 1% of colonoscopic polypectomies results in hemorrhage (1). The risk of hemorrhage is higher particularly in polyps located in the right colon, larger than 2 cm, of sessile type, and with thick stalk. Moreover, the risk is also increased in patients that are on antiaggregants or anticoagulants (2, 3). In endoscopic treatment of postpolypectomy hemorrhage, some methods as epinephrine injection, thermal coagulation, hemoclip, or combination of these methods are used, as in the treatment of peptic ulcers (4). Here, we present a case of postpolypectomy hemorrhage that was successfully treated with a non-standard treatment approach which involved a combined method of band ligation by the use of hemoclips and band ligation. To the best of our knowledge, no case of this kind has been presented in the literature to date.

A 65-year-old female patient was admitted to our outpatient clinic with the complaint of constipation. The colonoscopic evaluation of the patient revealed a wide-based polyp of 1 cm in diameter at the 15<sup>th</sup> cm of the rectum. After submucosal lifting of the base of the polyp using saline, polypectomy was performed with a polypectomy snare. After polypectomy, pulsating hemorrhage was noted on

the base of the polyp. Two hemoclips were set on the upper and lower edges of the mucosa for hemostasis. Because of sustained hemorrhage, a single rubber band was placed on the area of he-

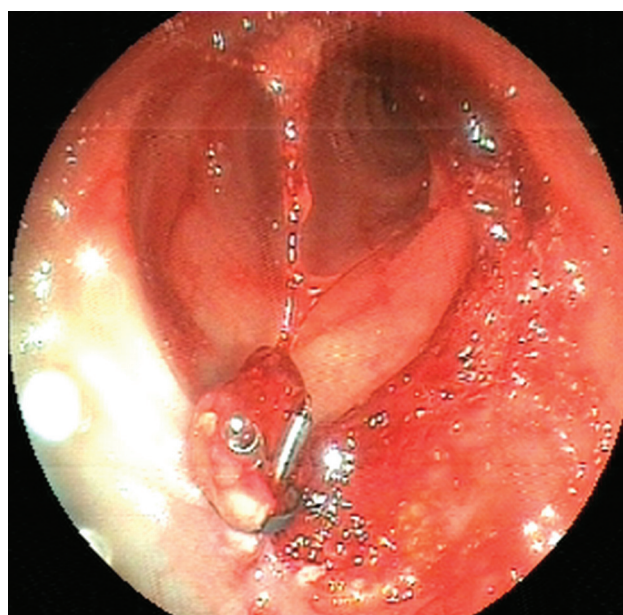


Figure 1. A single rubber band placed at the area of hemorrhage in a manner to keep the hemoclips fixed.

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morrhage in a manner to keep the clips within the area (Figure 1). The hemorrhage stopped and no more bleeding was observed in the following control. Adenocarcinoma was detected in the pathological evaluation of the polyp. The tumor did not have surgical margins. The patient was consulted with the surgery department because of submucosal invasion.

Besides the use of hemoclips or endoscopic band ligation to overcome postpolypectomy bleeding, there is also an option to prevent such kind of hemorrhages. Routine endoscopic band ligation app-

lied before polypectomy examination in pedunculated or semi-pedunculated polyps with heads of 1 cm or greater was shown to be an efficient technique to prevent postpolypectomy bleeding (5).

In conclusion, although it is not listed among the standard treatment approaches for postpolypectomy hemorrhages, the band ligation applied at the hemorrhagic area combined with hemoclips may be an alternative treatment option for the management of persistent postpolypectomy hemorrhages despite the application of primary treatment modalities.

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