

Padlock Clip® defect closure system - Endoscopic management of post-band ulceration

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Procedure:

Endoscopic management of post-band ulcerations in an exsanguinating patient using the Padlock Clip System.

Patient History:

A 56-year-old woman with decompensated cirrhosis was recently admitted with variceal bleeding and treated with four bands using a standard band ligation system. She was re-admitted to our hospital two weeks later with syncope and hematemesis secondary to massive upper GI bleeding. The patient was taken for urgent endoscopy.

Treatment

Endoscopy demonstrated massive bleeding from two post-band ulcerations. There was spurting blood from the vessel with red-out of the esophagus due to bleeding. Re-banding was not possible, and standard therapies for hemostasis such as injection, bipolar cautery, and hemostatic clips all failed to control the bleeding. The tissue chamber of the Padlock Clip system was used during the procedure to easily localize the vessels despite the red-out caused by the massive bleeding. To prevent further exsanguination, two over-the-scope Padlock Clip devices were deployed over each ulcer with excellent results and achieved complete hemostasis. The patient was then brought to interventional radiology in stable condition for transjugular intrahepatic portosystemic shunt. She was extubated and doing well the next day.

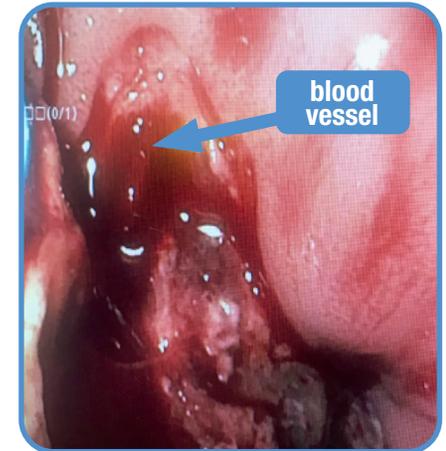


Fig. 1: Bleeding from post-band ulcerations



Fig. 2: Padlock Clip Device placed over bleeding ulcer, achieving hemostasis

Conclusion:

"The Padlock Clip [defect closure system] was able to save this patient's life. Without the aid of the Padlock Clip system to help localize the vessel and the ease of use of the system, this patient would have died. It provided us with the ability to achieve complete hemostasis and send the patient to interventional radiology in stable condition."

-DR. DEMETRIOS TZIMAS