

# Hemostasis of Actively Bleeding Gastric Polyps Utilizing the Resolution Clip



CASE PRESENTED BY:

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## PATIENT HISTORY

A 61-year-old with a history of Myocardial Infarction (MI) four months prior was treated with a drug-eluting stent as well as anti-platelet agents, aspirin and prasugrel. Two months later routine CBC demonstrated Hb 9.4 with MCV 70. An esophagogastroduodenoscopy (EGD) and colonoscopy were scheduled.

The colonoscopy was unremarkable. The EGD demonstrated two large proximal gastric polyps (approx. 3cm each with large peduncles); the surface of the polyps were ulcerated.

A repeat EGD was scheduled one week later after prasugrel was held. A six pack of platelets was given one hour before the case. The follow up EGD showed two large gastric polyps in cardia with 1cm peduncles which were actively bleeding upon scope entry (**Figure 1**).

## PROCEDURE

A scope was maintained in the retroflexed position. A Resolution® Clip was deployed on each side of the peduncle towards the center (**Figure 2**). There was evidence of loss of blood flow to the polyp as the polyp became dusky and shrunk in size (**Figure 3**). A Captivator® II Polypectomy Snare was used to cut the polyp stalk leaving the clips in place for hemostasis on the peduncle. A third Resolution Clip was deployed in the center of the 1cm stalk for hemostasis. The polyp was then rinsed showing no further bleeding (**Figure 4**).

The second polyp was then treated in a similar fashion deploying two Resolution Clips across the stalk followed by a third Resolution Clip for hemostasis. This polyp was rinsed and the resected polyps were retrieved. Excellent hemostasis was noted upon scope withdraw (**Figure 5**). No further bleeding was noted and a repeat Hb was stable. The patient was restarted on prasugrel one day later.

It is not ideal to do polyp resections in patients that are on anti-platelet therapy; however, in this circumstance this patient was actively bleeding.

## OUTCOME AND POST PROCEDURE

Eight weeks post procedure the patient had a repeat hemoglobin drawn; it was 14.8. During the follow up EGD, a small amount of residual tissue was noticed at each previous polypectomy site. The residual tissue was removed with a hot snare. A clip was again placed on the base of each lesion as the patient was to be restarted on the prasugrel the next day.

## CONCLUSION

Using two clips in opposing positions made clipping large polyp stalks feasible in the setting of this active bleed. Clipping in the retroflex position makes achieving hemostasis more complex than a typical en fosse position. Positioning hemostatic clips is always important but critical in this application. The ability to open and close the Resolution Clip, and therefore, making it repositionable, was very helpful in the success of this case. The Captivator II Snare is a very large, stiff-bodied 33mm snare that facilitated the proper positioning of the snare around the polyp before resection.

