

## BLEEDING DIVERTICULUM CLOSURE



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### HISTORY

An 83-year-old man presented with shortness of breath, generalized weakness and had been passing bright, red blood from his rectum for 48 hours.

Past medical history was significant for Chronic Obstructive Pulmonary Disease (COPD), Chronic Heart Failure (CHF) and Hypertension (HTN). Patient was treated with blood pressure medication and ASA 81 MG daily. Vital signs and physical exam appeared normal at the time of admission. Labs showed: WBC 7.3, Hgb 9.2, hematocrit 26.8, platelets 211 and an INR of 0.97. The patient had a negative bleeding scan and was prepped for a colonoscopy the following day.

### PROCEDURE

Patient prep was suboptimal. No active bleeding was seen, diverticulosis was observed up to the cecum, and bright-red blood was found in the right colon. An EGD was performed, to rule out an upper-GI source of the bleeding, which was unremarkable. Patient was transfused and a repeat colonoscopy was done the following day.

A bleeding diverticulum was noted in the sigmoid colon (Figures 1 & 2). An injection of epinephrine 1:10000 did not control the bleed. A Resolution® Clip was used to approximate the diverticulum edge. A total of six Resolution Clips (Figures 3 & 4) were deployed successfully to close the edge of the diverticulum.

### FOLLOW-UP

Good hemostasis was established at the end of the procedure. The patient did not require any additional transfusion and he was discharged shortly after. A three month follow up did not show any evidence of bleeding.



Figure 1



Figure 2



Figure 3

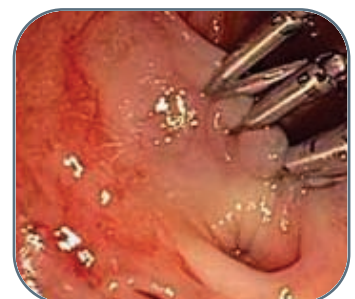


Figure 4