



## BLEEDING FROM A COLON TUMOR AFTER BIOPSY WITH FORCEPS

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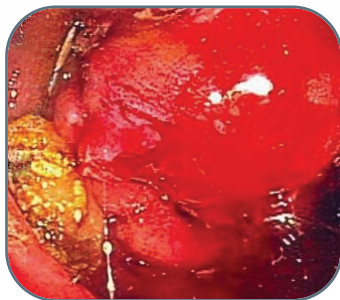


Figure 1

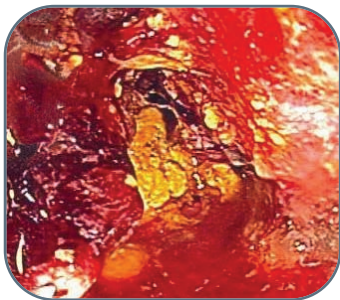


Figure 2

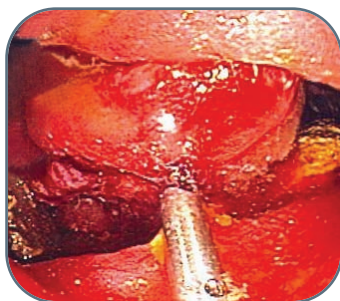


Figure 3



Figure 4

### HISTORY

A 42-year-old white male diagnosed with cystic fibrosis who had a bilateral lung transplant in 1997 with a single previous episode of rejection and diabetes mellitus was referred to evaluate episodic mild hematochezia and new onset constipation requiring intermittent laxative use. The patient had a previous spontaneous diverticular perforation for which he had a diverting colostomy that had been repaired three years earlier.

### PROCEDURE

The colonic anastomosis appeared normal. A circumferential, friable mass occluding the lumen to about 12 mm and measuring 4 cm in length was seen in the distal transverse colon. A standard biopsy forceps was used to biopsy the mass (Figure 1). Bleeding continued from one of the biopsy sites (estimated to be 8 mm in size), which did not stop after five minutes of irrigation and observation (Figure 2). A Resolution® Clip was used to approximate the sides of the biopsy site, achieving hemostasis, which was confirmed before scope withdrawal (Figure 3). Follow-up confirmed there was no further bleeding (Figure 4).