

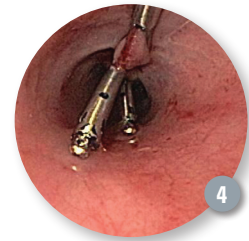
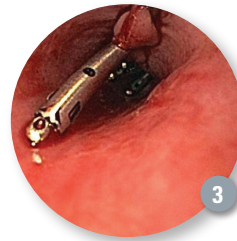
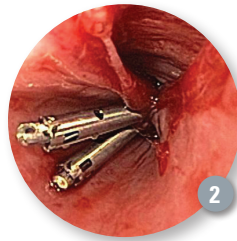
Spiral Overtube-Related Esophageal Laceration Successfully Treated with the Application of Multiple Resolution Clips



CASE PRESENTED BY:

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PATIENT HISTORY

A 78-year-old female presented with melena and refractory iron-deficiency anemia requiring several blood transfusions. She had a history of valvular heart disease and hypertension. Upper endoscopy and colonoscopy were both negative. A wireless capsule endoscopy study was performed and revealed multiple bleeding angioectasias within the proximal and mid small intestine. Referral to our center was made for subsequent deep enteroscopy procedure.

PROCEDURE

An antegrade (per os) spiral overtube-assisted deep enteroscopy was performed under general anesthesia. The enteroscope was advanced into the proximal ileum. Several non-bleeding angioectasias were noted in the proximal and mid jejunum. Argon plasma coagulation was used to ablate all visible lesions, and the enteroscope and overtube were then both withdrawn. Upon inspection of the distal esophagus, a slightly less than 3cm mucosal laceration was noted which penetrated down to the circular muscle layer of the esophageal wall (**Figure 1**). Beginning at the most distal end of the laceration, a total of five Resolution® Clips were readily deployed in longitudinal fashion in order to completely close the defect all the way to its most proximal edge (**Figures 2-4**).

OUTCOME

The patient recovered from anesthesia without any discomfort or signs of perforation. She was discharged from the endoscopy unit on liquid diet for 24 hours and soft food for one week. During follow up at one week and three months after the procedure, the patient denied any complaints of dysphagia, painful swallowing, chest discomfort, or additional symptoms of concern. Her hemoglobin level remained stable for the first time in over two years.

CONCLUSION

This case highlights the utility of the Resolution Clip for the treatment of gastrointestinal pathology which does not directly involve bleeding lesions such as ulcers or aberrant vessels. The flexibility of the Resolution Clip deployment catheter allowed for quick application of multiple clips even through the working channel of a long, 200cm enteroscope device. In addition, the Resolution Clip's wide jaw diameter enabled excellent apposition of the tissue margins despite the significant width of the mucosal defect.

