

Padlock Clip® defect closure system - Closure of a large gastric ulcer

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Procedure:

EGD (Esophagogastroduodenoscopy)

Patient History:

62 year old female with past medical history of hypertension, ESRD (end stage renal disease) on dialysis presented with hematochezia, baseline HGB (hemoglobin) that was 12.6. Blood pressure was 112/72, pulse 112. Mild abdominal tenderness was present. Laboratory data after redraw revealed HGB of 6.6. Old record review revealed a colonoscopy 1 year prior with findings of diverticulosis and two small benign colon polyps.

Prior Treatment:

Due to the significant anemia and tachycardia, an upper GI bleed was suspected. After volume resuscitation with blood and pantoprazole IV infusion, an EGD was performed. A large ulcer on the incisura was seen with a visible vessel (see Fig. 1). Epinephrine injection and bipolar coaptive cautery was used. Biopsy of the ulcer was negative for malignancy, but H.pylori was found and the patient was treated with quadruple therapy. She was discharged home 2 days later with a HGB of 9.2.



Fig. 1

Indications & Results:

10 days after hospital discharge, the patient returned with melanic stool that was present for 24 hours prior to admission. Her blood pressure was 122/80, pulse 88. No abdominal tenderness was noted. Laboratory data revealed a HGB of 7.6. Repeat EGD was performed and the gastric ulcer on the incisura was seen (see Fig. 2) and 2 persistent visible vessels were noted. The Padlock Clip® defect closure system was utilized with successful capture of both of the visible vessels with a singular clip (see Fig. 3). The patient was monitored and discharged home 2 days later. No further bleeding has occurred and no known readmissions.

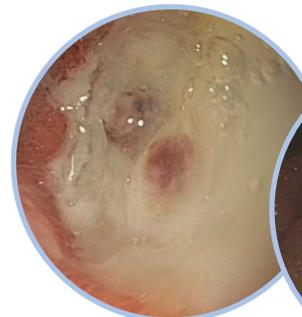


Fig. 2

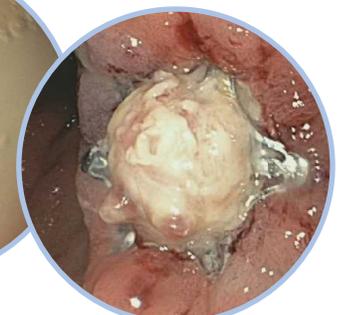


Fig. 3

Conclusion:

“The Padlock Clip® provides another option to control bleeding from large ulcers or rebleeding gastric ulcers.”

-DR. MARK PRINCE