

Use of a gastroscope armed with a transparent cap in the treatment of bleeding after endoscopic sphincterotomy

Cap-assisted endoscopy is useful in improving the visualization of some areas of the gastrointestinal tract [1]. A few reports exist on the use of a cap attached to the tip of a front-viewing gastroscope to facilitate the endoscopic view of the papilla of Vater. We describe the use of cap-assisted endoscopy to achieve hemostasis of an ampullary vessel bleeding after endoscopic sphincterotomy.

A 20-year-old female inpatient underwent endoscopic retrograde cholangiopancreatography (ERCP) with endoscopic sphincterotomy without immediate complications for choledocholithiasis; 48 hours later she developed upper gastrointestinal bleeding. She presented with bright red hematemesis, tachycardia, hypotension, and weakness. Her hemoglobin dropped to 7 g/dL (from 13.8 g/dL at baseline).

An urgent upper endoscopy using a front-view endoscope showed no source of bleeding from esophagus and stomach, but active duodenal bleeding. Because the bleeding site was suspected to be at the sphincterotomy and a lateral-view endoscope was not available, we decided to load the endoscope with a transparent straight cap from a six-shooter multiband variceal ligator (Wilson–Cook Medical, Inc., Winston-Salem, North Carolina, USA).

We passed into the second portion of duodenum, obtaining a frontal view of the papilla of Vater and clearly identifying the bleeding point at the sphincterotomy (● Fig. 1).

Sclerotherapy of the bleeding vessel with adrenaline 1 : 10 000 (3 mL) injected with a 25-gauge needle was successful in controlling the hemorrhage (● Fig. 2).

An adequate and stable position was obtained with the transparent cap against the papilla of Vater. We verified satisfactory hemostasis and terminated the procedure (● Fig. 3).

From the experience of this case, we believe that in situations when a lateral-view endoscope is not readily available, using a gastroscope armed with a transparent straight cap can facilitate the en-

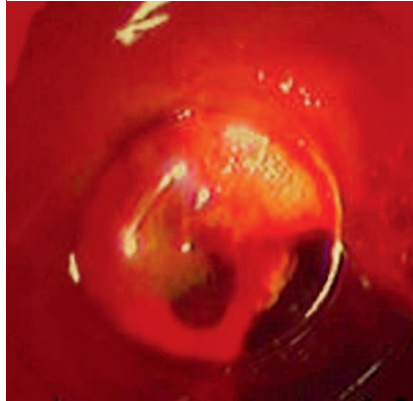


Fig. 1 Active bleeding of papilla of Vater at the edge of the sphincterotomy.

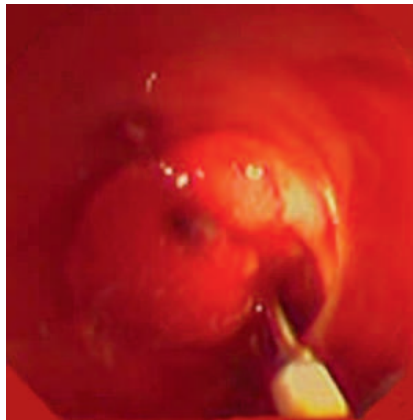


Fig. 2 Successful treatment of the bleeding with an adrenaline injection.

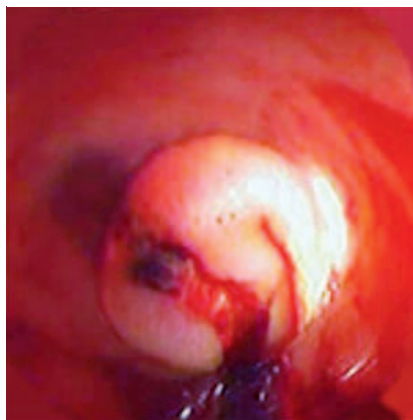


Fig. 3 Satisfactory hemostasis.

doscopic view of the papilla of Vater and might also bring some cost saving benefits.

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DOI 10.1055/s-0028-1119730
Endoscopy 2009; 41: E91
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

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