

A Reappraisal on the Use of “Detachable Snare” (Endoloop): Letter to the Editor

“Detachable Snare” (Endoloop) Kullanımı Üzerine Bir Değerlendirme

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Geliş Tarihi/Received: 16.04.2009
Kabul Tarihi/Accepted: 02.05.2009

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Key Words:
Endoscopy; hemostasis

Anahtar Kelimeler:
Endoskopi; hemostaz

Postpolypectomy bleeding and perforation are the most significant complications of endoscopic polypectomy. Although the majority of the cases can be effectively treated by endoscopic hemostasis techniques, massive bleeding sometimes develops in patients with renal or liver disease. This is also true for patients with other causes of coagulopathy and for those receiving anticoagulants or other drugs that predispose to bleeding. After its initial use by Pontecorvo and Pesce, detachable snare (endoloop) has become commercially available for hemostasis in the removal of large polyps (Figure 1).^{1,2}

Recently, a 60-year-old man was referred to our hospital for removal of a large pedunculated polyp in the sigmoid colon. He was on maintenance hemodialysis for end-stage renal failure. Accordingly, the patient underwent heparin-free hemodialysis the day before the procedure. Platelet count and prothrombin time were within normal ranges. Colonoscopy revealed a pedunculated 30-mm polyp in the sigmoid colon. To remove the large polyp safely, an endoloop (Olympus, Japan) was placed at the base of the stalk, was tightened, and was detached from the operating part. Thereafter, the polyp was removed with a standard snare without any complication (Figure 2). No delayed bleeding was observed. Histologic examination was consistent with tubular adenoma with high-grade dysplasia.

It is well known that the patients with end-stage renal disease have an increased incidence of gastrointestinal hemorrhagic complications. Moreover, colonic postpolypectomy hemorrhage can also lead to mortality in patients with end-stage renal failure.³ Endoscopic resection of large (≥ 1 cm) colorectal polyps can be performed more safely using the endoloop ligation to avoid postpolypectomy bleeding, especially in patients with high risk of bleeding i.e. with end-stage renal disease or liver disease.⁴

In addition to the paramount contribution to the safety of endoscopic polypectomy, the use of endoloop ligation has been described in challenging clinical scenarios. These may encompass treatment of polypoid arterio-

venous malformation of the colon, ligation of bleeding esophageal varices, removal of migrated self-expanding esophageal metallic stent, treatment of iatrogenic perforation of the colon, ligation of large pedunculated submucosal tumors, and treatment of a pseudocystocolonic fistula.

On the other hand, to our best notice, this device is being used by endoscopists only in large centers of Turkey. Yet, there is only one case report in the pertinent literature reporting the use of endoloop ligation in our country.⁵ With this report, we draw attention of our colleagues towards this cheap, safe, and effective technique and encourage them to use it more commonly in relevant conditions.

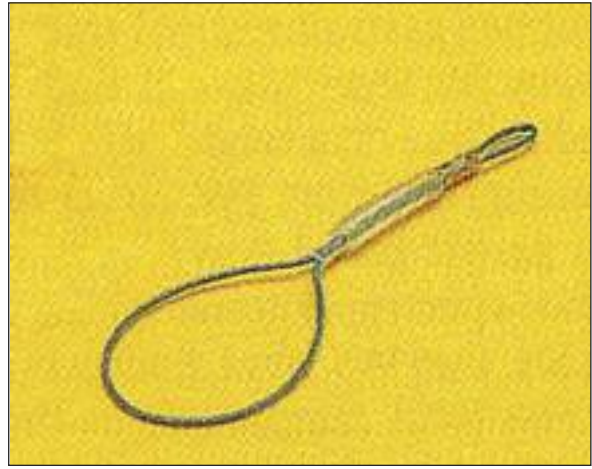


FIGURE 1: A detachable snare (endoloop).



FIGURE 2: Endoscopic resection of a large pedunculated colonic polyp using endoloop in the current case presentation.

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