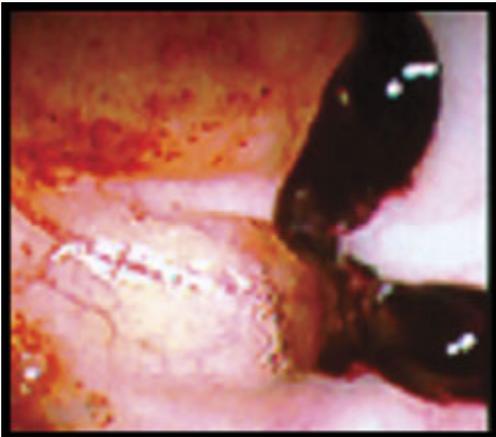


Question 4 – Week of March 10

The patient described previously in Question 8, undergoes an urgent colonoscopy after purge, and has an adherent clot in a cecal diverticulum [see figure]. Based on current evidence, what is the best treatment option for this patient?



- A. Stop the aspirin, transfuse and observe the patient in the ICU
- B. Observe the patient and switch him to another anti-platelet agent that is safer than aspirin with this lesion and necessary because of his coronary stent
- C. Urgent partial right colectomy because the rebleeding rate is over 40%
- D. Forcibly suction and remove this to see what is exposed
- E. Inject dilute epinephrine around this, shave it down with a snare, and apply a hemoclip to the pedicle

Answer: E

The figure shows a definitive diverticular bleed with an adherent clot as the stigma of hemorrhage. Choice A is reasonable, but will not provide definitive hemostasis for a patient with a definitive diverticular bleed and an adherent clot. When anti-platelet drugs are restarted because of the coronary stents (choice B), patients are at high risk for early rebleeding. There is no evidence that switching the patient to another anti-platelet drug will be any safer than aspirin in prevention of rebleeding of an adherent clot on a diverticulum, after severe hematochezia. Urgent partial right hemicolectomy (choice C) would be definitive for this lesion, but would have high morbidity and mortality in this elderly patient and thus is not the best option. Forcibly suctioning or removal of adherent, non-bleeding clots (choice D) from definitive diverticular sites, ulcers, or other GI sites often precipitates active bleeding and is not recommended. Combination hemostasis is recommended for this stigma. Pre-injection with dilute epinephrine (1:20,000 in saline) around the pedicle of the clot, then using a rotatable snare to shave the clot down, and applying a hemoclip (or MPEC) to the pedicle is the best choice (choice E) to substantially reduce rebleeding of this patient and stigma of diverticular hemorrhage.

References:

1. Jensen DM, Machicado GA. Colonoscopy for diagnosis and treatment of severe lower gastrointestinal bleeding: Routine outcomes and cost analysis. *Gastrointest Endosc Clin N Am* 1997;7:477-98.
2. Jensen DM, Machicado GA, Jutabha R, Kovacs TOG. Urgent colonoscopy for the diagnosis and treatment of severe diverticular hemorrhage. *N Engl J Med* 2000;342:78-82.
3. Jensen DM. Diverticular bleeding: An appraisal based upon stigmata of recent hemorrhage. *Techniques in Gastrointestinal Endoscopy* 2001;3:192-198.