

## Image of the Month

### Post-polypectomy Visible Vessel

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**Key words:** Colonoscopy; Endoscopy; Hemostasis.

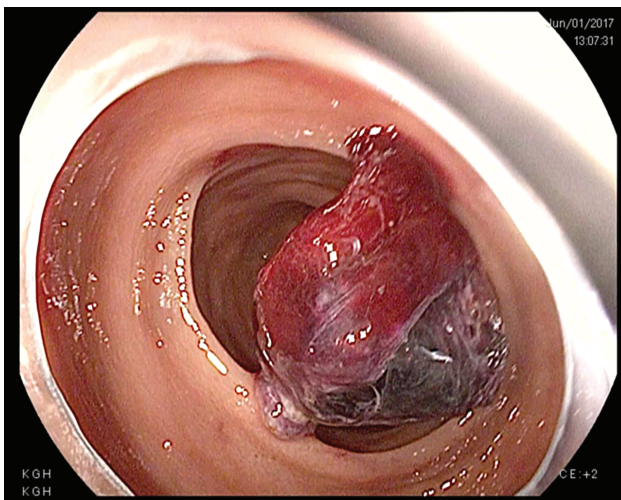


Figure 1. Large adherent clot at site of previous polypectomy.

A 68-year-old male with multiple medical comorbidities, including end-stage renal peritoneal dialysis, underwent screening colonoscopy prior to kidney transplant. Colonoscopy demonstrated three polyps in the descending colon; a 2-mm sessile polyp was removed with cold snare; a 7-mm sessile was polyp removed with hot snare; and distal to that, a 1-cm sessile polyp was removed with hot snare. There were no immediate complications, and the patient was discharged home. He represented a week later with 24 hours of rectal bleeding and a hemoglobin drop from 101 g/L to 76 g/L. Repeat colonoscopy showed a large adherent clot that measured the width of the lumen (Figure 1). Two clips were placed at the base (Figure 2), and this was removed with hot-snare (Figure 3), demonstrating a 2–3 mm vessel that was clipped (Figure 4, 5). He was discharged with no recurrence of bleeding.

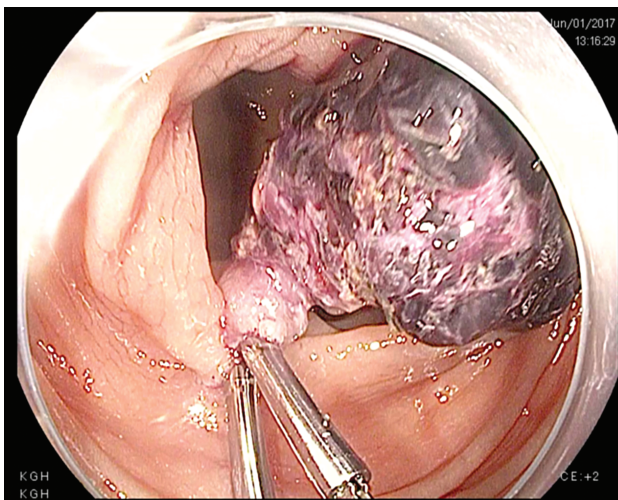


Figure 2. Clot clipped at the base.

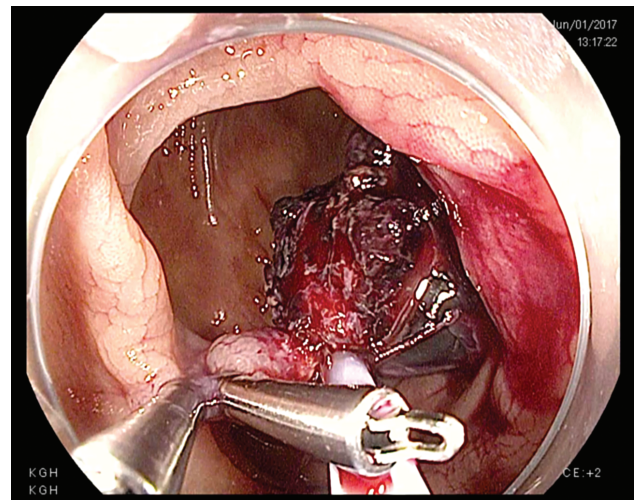


Figure 3. Clot removed with hot snare.

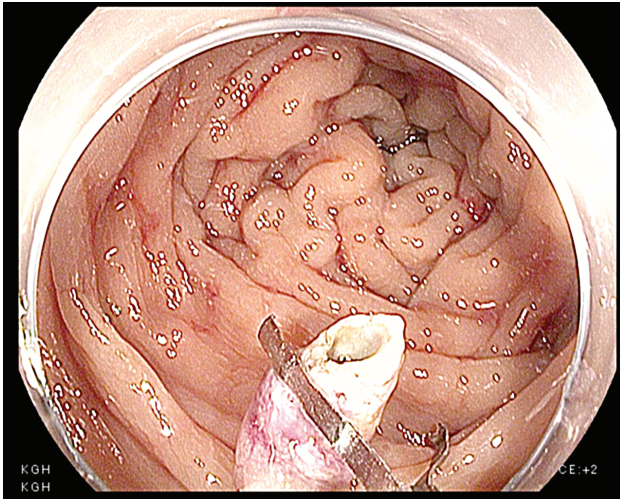


Figure 4. Visible vessel at site of previous polypectomy (clip to scale).

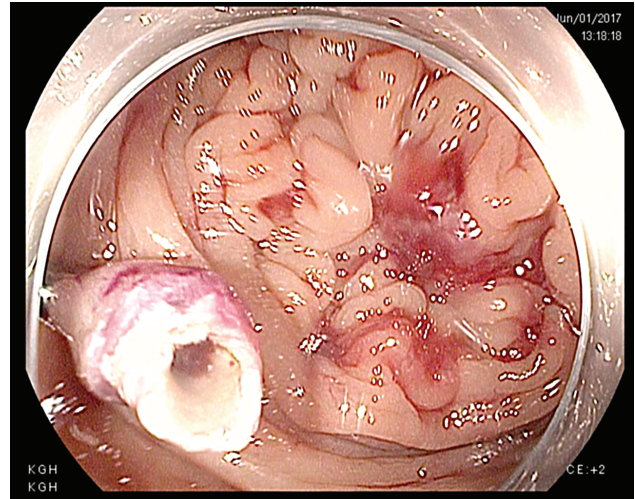


Figure 5. Visible vessel at site of previous polypectomy.

## Discussion

Postpolypectomy bleeding (PPB) is a known complication of colonoscopic polypectomy and is reported to occur at a frequency of 0.3%–10.2% (1). Some factors associated with PPB include polyp size, location in the right colon, sessile morphology, number of polyps removed and use of antiplatelet and anticoagulant use (2). PPB can be classified as immediate, when bleeding occurs immediately after polyp resection, or delayed, when bleeding occurs after the colonoscopy. A propensity-matched retrospective cohort study in 539 patients with colorectal polyps up to 11 mm in size demonstrated significantly less delayed postpolypectomy bleeding with cold snare polypectomy than hot snare polypectomy (3). Endoscopic hemostasis with clips is safe and effective in PPB. (4) There is varying evidence regarding the role for prophylactic endoscopic therapy. A systematic review and network meta-analysis of 15 RCTs involving 3462 patients who underwent colonoscopic polypectomy (median polyp size 16 mm) demonstrated relative efficacy of epinephrine-saline injection (RR=0.32, 0.11–0.67) and mechanical therapies (RR=0.13, 0.03–0.37) for reducing early PPB (<24 hours postpolypectomy), but not delayed PPB (5).

## Conflicts of interest

The authors have no conflicts of interest to declare.

## References

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