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CLINICAL IMAGE

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Upfront endoscopic band ligation for symptomatic gastric angioectasias to reduce peri-endoscopic complexity with an automated implantable cardioverter defibrillator in situ

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Abstract

Argon plasma coagulation (APC) remains the mainstay endoscopic treatment of gastrointestinal angioectasia. Vis-a-vis automated implanted cardioverter defibrillators (AICD) endoscopic band ligation (EBL) represents an alternative without need for heart-rhythm specialty support.

KEYWORDS

angiodysplasia, argon plasma coagulation, electrosurgery, iron deficiency

A 74-year-old patient presented with iron deficiency anemia. Medical history was significant for atrial fibrillation on reduced-dose rivaroxaban. The patient had undergone coronary bypass surgery post-myocardial infarction and automated cardioverter defibrillator (AICD) implantation as secondary prophylaxis. Upper endoscopy demonstrated four vascular angioectatic lesions with contact bleeding tendency (Figure 1A—linked color imaging mode). Due to the AICD, we opted for endoscopic band ligation (EBL) instead of argon plasma coagulation as the more widely established first-line treatment (Figure 1B, Video S1). Single-session treatment of all visible lesions was accomplished without difficulties. An ancillary ileocolonoscopy and small-bowel capsule endoscopy excluded further bleeding

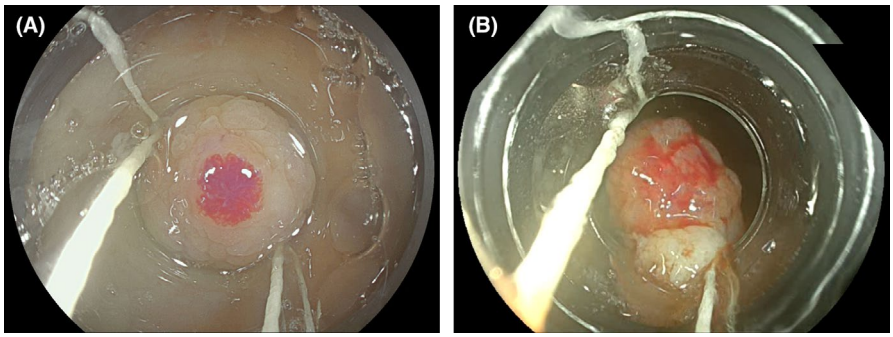

FIGURE 1 (A) Linked color imaging (LCI) of a representative angioectasia of a total of four such lesions in the proximal gastric body with the ligator device already attached. (B) Successful and uncomplicated upfront endoscopic band ligation (EBL) as a valuable alternative to argon plasma coagulation (APC) to prevent monopolar cautery use

sources. The number of patients with implanted electronic devices is rising with several specific issues raised using electrocautery. Unless a cumbersome device deactivation and post-interventional re-programming are pursued, device reset, inappropriate shocking, and/or aggregate damage may complicate monopolar cautery use in endoscopy. The latter is, likewise, applied when using APC involving a high-voltage monopolar circuitry. Albeit the alternative use of EBL is studied in vascular GI lesions, EBL may be highly recommended in clinical practice to allow for rapid, *ad hoc* treatment of angioectasias in the AICD population, circumventing several complex peri-endoscopic intricacies obviating dedicated heart-rhythm specialty support.[1]

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None.

CONFLICT OF INTEREST
Nothing to declare.

AUTHOR CONTRIBUTIONS
VZ, clinical care, writing and finalization of the manuscript.

CONSENT
Patient consent has been signed and collected in accordance with the journal's patient consent policy.

ETHICAL APPROVAL
No ethics committee approval is warranted (clinical case).

DATA AVAILABILITY STATEMENT
Data available on request due to privacy/ethical restrictions.

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SUPPORTING INFORMATION
Additional supporting information may be found in the online version of the article at the publisher's website.

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