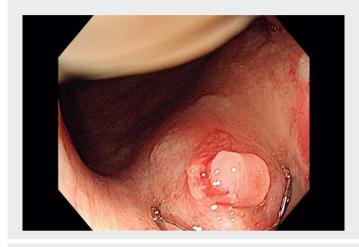
Delayed-onset bleeding after transrectal prostate biopsy presenting as a rectal Dieulafoy's lesion



Rectal bleeding is a well-known adverse event related to transrectal prostate biopsy, with a frequency ranging from 0% to 37% [1]. Most bleeding is mild and resolves with conservative management. Severe bleeding, affecting up to 1% of patients undergoing transrectal prostate biopsy, is uncommon but can be lifethreatening [2]. Rectal bleeding typically occurs immediately after the biopsy. Delayed-onset bleeding is rare although several cases have been reported [3,4]. Herein, we present a case of delayed-onset severe bleeding after transrectal prostate biopsy, which was successfully treated with endoscopic clipping (► Video 1).

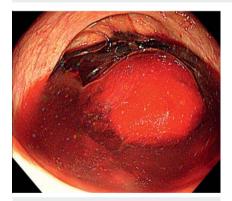
A 77-year-old man with a high prostatespecific antigen level underwent transrectal prostate biopsy. The patient developed hematochezia and hemorrhagic shock 5 days after the biopsy. The blood test revealed a drop in the hemoglobin level from 13.6 to 8.2 q/dL. The patient was referred to our department because digital compression did not achieve hemostasis. Emergency colonoscopy revealed a massive fresh clot in the rectum (Fig. 1), and we identified a pulsatile large-caliber vessel on the anterior wall of the rectum (> Fig. 2). The vessel was surrounded by normal mucosa, which confirmed the diagnosis of Dieulafoy's lesion (▶ Fig. 3). We performed endoscopic hemostasis with clipping (▶Fig. 4). Active bleeding was observed when we placed the first clip; however, a total of three clips achieved hemostasis. The patient had no further bleeding and was discharged without additional interventions.

Interestingly, in this case, delayed-onset bleeding presented as Dieulafoy's lesion. The mucosal defect created by the biopsy needle might have caused the exposure of the underlying submucosal artery to the rectal lumen. A recent case-based systematic review reported the efficacy of endoscopic therapy for severe bleed-

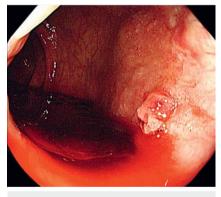




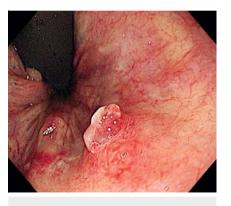
▶ Video 1 Endoscopic diagnosis and treatment for delayed-onset rectal bleeding after transrectal prostate biopsy presenting as a rectal Dieulafoy's lesion.



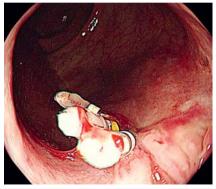
▶ Fig. 1 Massive fresh clot in the rectum.



► Fig. 2 Forward view of a pulsatile, largecaliber vessel on the anterior wall of the rectum.



► Fig. 3 Retroflex view of the protruding vessel surrounded by normal mucosa.



► **Fig. 4** Endoscopic image after endoscopic clipping for hemostasis.



ing after transrectal prostate biopsy [5]. In addition, this case highlights the importance of early endoscopic intervention to improve the patient's outcome in such cases.

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Competing interests

The authors declare that they have no conflict of interest.

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