

Mesenteric Embolization: Is It Safe in Patients With Acute Lower Gastrointestinal Hemorrhage?

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An acute lower gastrointestinal hemorrhage is a common clinical problem for which various diagnosis and treatment methods have been studied. Flexible sigmoidoscopy, colonoscopy, angiography, radionuclide scintigraphy and multidetector row computed tomography have been used for the diagnosis [1], and colonoscopy maybe said to be the most convenient and effective preliminary method for the diagnosis of critical lower gastrointestinal (GI) hemorrhage. However, mesenteric angiography is effective when the bleeding focus cannot be diagnosed with colonoscopy. The treatments include embolization, vasopressin infusion and surgery. This article [2] is a retrospective study on 27 patients treated with mesenteric embolization for acute lower GI hemorrhages with various etiologies. Even though the number of patients was not large because not many centers have adequate environment/facility/resources to actively perform this procedure in an emergency setting, this research still seems to be worthy of interests. The study reports that the success rate for mesenteric embolization is 87.1% and that the half of the initially failed cases shows successful re-embolization. The result is excellent compared to the 48% diagnosis rate reported by Gillespie et al. [3], as well as the 45% embolization and the 76% treatment success rates. Despite its not being mentioned in the paper, emergency capsule endoscopy for acute obscure-overt gastrointestinal bleeding (OOGIB) is an interesting issue. Leung et al. [4] reported that the method showed a much higher diagnosis rate for acute OOGIB than angiography did (53.3% vs. 20.0%, $P = 0.016$). The risk of rehemorrhage was lower than it was in the angiography group during the observation

period of 48.5 months (16.7% vs. 33.3%, $P = 0.10$). More prospective studies on the role of the emergency capsule endoscopy seem to be necessary.

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