



CASE REPORT

Retained endoclip: A rare case report

Düşemeyen endoklips: nadir vaka sunumu

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ABSTRACT • Endoclips are used devices in gastroenterology practice for more than 40 years. Endoclips are widely used devices to treat non-variceal bleedings. They are usually detached within a few weeks. Here we report a case of retained endoclip for almost 20 months.

Key words: Endoclip, retain, direct radiograph

ÖZET • Endoklipler, gastroenteroloji pratiğinde 40 yıldan uzun süredir kullanılan cihazlardır. Genellikle varis dışı üst gastrointestinal sistem kanamalarında kullanılırlar. Endoklipler genellikle birkaç hafta içerisinde düşerler. Burada 20 aya yakın düşmeyen bir endoklip vakasını sunuyoruz.

Anahtar kelimeler: Endoklip, düşmeyen, direkt grafi

INTRODUCTION

Endoclips are used devices in gastroenterology practice for more than four decades (1). Endoclips are widely used devices to treat non-variceal gastrointestinal bleeding. Other uses include fixation of gastrointestinal (GI) stent, closure of small fistula or perforation, anastomotic leaks or to mark tumors or anatomical structures (2). Endoclips usually detach in a few weeks. Here, we report a rare case of retaining endoclips for almost 20 months.

CASE REPORT

Seventy nine-year-old female patient admitted to the emergency unit of our hospital with nausea and vomiting. While investigating underlying condition, she had hematemesis in the emergency department. Upper gastrointestinal endoscopy revealed a bleeding laceration with a length of 5 millimeters at gastroesophageal junction. A single endoclips were used to control bleeding. Eight months later, endoscopy was performed to inves-

tigate dyspepsia, revealed retaining endoclip. Fifteen months later, she had nausea, and another endoscopy showed the endoclip was in place (Figure 1-A). 20 months later, she had dyspnea and direct graphs revealed endoclip was still in place (Figure 1-B). The patient's representatives gave written consent regarding this article.

DISCUSSION

Endoclips are usually detach within 1-3 weeks (3). However, there are few cases of retaining endoclips for more than a year (3,4). There are no clear guidelines on the compatibility of endoclips during magnetic resonance imaging (5). Screening for endoscopic clips before magnetic resonance imaging (MRI) is recommended (6). Retaining endoclips may be detected by subsequent endoscopy or by direct radiographs. Retaining endoclips may be left in place or retrieved endoscopically if needed (7). Indications of endoclip removal include need

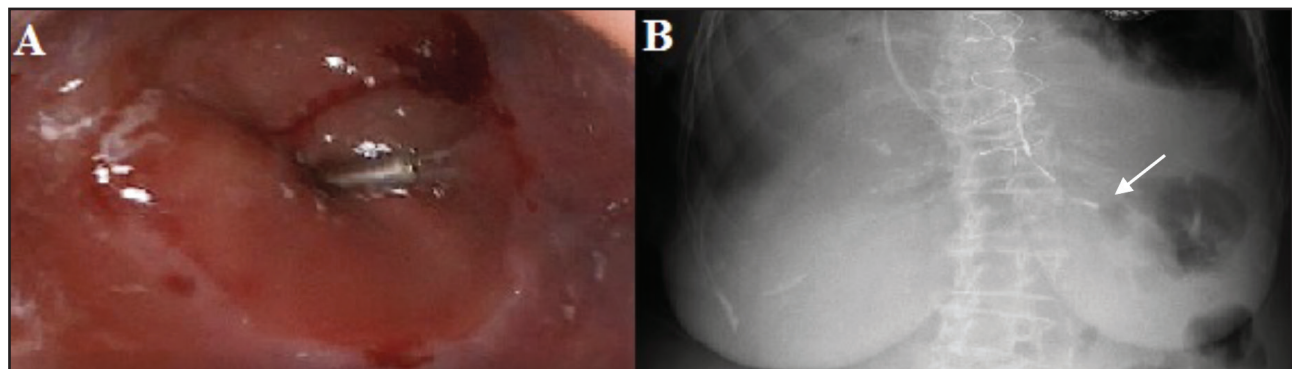


Figure 1 Fifteen months later after placing endoclip, endoscopy revealed endoclip close to gastroesophageal junction (A), appearance of endoclip (white arrow) after 19 months on direct graph (B).

for MRI, suboptimal deployment of endoclip as intended and need for further biopsies and/or lesion removal. Although nowadays magnetic resonance (MR)-safe endoclips exist, there are many centers using various protocols prior to MR imaging (8). Removal of endoclip may be done using a foreign body grasper or forceps. Based on the literature, endoscopic removal of endoclips has minimal risks (9). Since our patient has no planned MR imaging, retained endoclip left untreated.

Endoclips may retain in place for a long time. Retaining endoclips may be diagnosed endoscopically or by direct radiographs. In case of history of endoclipping, direct graphs may reveal endoclips.

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