

EP-186 - ENDOSCOPIC MANAGEMENT OF A MAJOR BLEEDING DURING PER-ORAL ENDOSCOPIC MYOTOMY

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Per-oral endoscopic myotomy (POEM) has emerged as a safe and effective treatment option for achalasia. However, several complications have been reported, including bleeding. We present a case of a major intraprocedure bleeding managed endoscopically.

A 72-year-old woman with type 2 achalasia and an Eckardt Symptom Score of 10 was admitted for POEM. An anterior approach was used and a 20-mm mucosal incision was performed 13-cm above the esophagogastric junction, using a triangular-tip knife (Triangle Tip Knife J, Olympus), followed by submucosal tunneling extended 3-cm below the gastroesophageal junction. During submucosal tunnel creation, severe bleeding from a gastric large submucosal vessel occurred, obscuring visualization of the lumen. To control the bleeding, compression of the bleeding site using the cap attached to the endoscope was performed, allowing the replacement of the knife by a hemostatic forceps (Coagasper, Olympus). However, the relieving of the compression restarted the hemorrhage, limiting the identification and posterior coagulation of the bleeding site. Therefore, the water jet integrated system was used to partially fill the submucosal tunnel with water, allowing the accurate localization of the bleeding site, followed by the vessel coagulation by the hemostatic forceps. After hemostatic control, myotomy was performed. No other complications were noted and the patient was discharged 3 days after the procedure.

During submucosal tunneling, bleeding may occur if a large vessel is inadvertently hit by the knife. Gastric submucosal vessels tend to be larger and should be prophylactically coagulated with coagulation forceps. Nevertheless, bleeding may occur requiring surgery in severe cases. In the reported case, we were able to control the bleeding using hemostatic forceps, after the identification of the bleeding site assisted by water instillation in the tunnel with the water jet system.