Risk Factors for Colonoscopic Polypectomy Bleeding

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Background: Post polypectomy bleeding is the most frequent complication after colonoscopic polypectomy. The aim of this study was to investigate the incidence of PPB and its associated risk factors.

Methods: This study included 7,944 colonoscopic polypectomies conducted on 2,401 patients between May 2013 and March 2014. Patient condition, polyp characteristics, and procedure techniques were evaluated as potential risk factors for PPB. PPB was classified as overall or significant bleeding. Immediate-type (24h – 30days) bleeding were also assessed.

Results: Of the 2,401 patients, 98 developed PPB overall, and 41 patients developed significant PPB. Multivariate logistic regression analysis revealed risk factors for both overall and significant PPB to be the number of resected polyps (overall: OR 1.08, 95% CI 1.02 – 1.14; significant: OR 1.11, 95% CI 1.03 – 1.20), intraprocedural bleeding (overall: OR 2.80, 95% CI 1.62– 4.84; significant: OR 2.49, 95% CI 1.03 – 5.99), and the use of antiplatelet agents (overall: OR 2.53, 95% CI 1.33 – 4.82; significant: OR 2.72, 95% CI 1.04– 7.17). Polyp size was associated with overall PPB (OR 1.03, 95% CI 1.00 – 1.05) but was not associated with significant PPB (OR 1.02, CI 0.98 – 1.06). Immediate-type PPB showed a similar association, but delayed-type PPB was not associated with any of the studied risk factors.

Conclusions: Polyp size, number of resected polyps, intraprocedural bleeding and the use of antiplatelet agents were found to be independent risk factors for PPB.

A Case of Intestinal Amyloidosis in Multiple Myeloma Appeared as Ischemic Colitis

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Introduction: Amyloidosis is a group of diseases caused by abnormal deposition of insoluble amyloid fibrils in various tissues of the body. Diagnosis of gastrointestinal amyloidosis is difficult by reason of various symptoms and nonspecific endoscopic findings. Here, we report a case of small and large intestine amyloidosis in multiple myeloma appeared as ischemic colitis.

Case Report: A 67-year-old female was admitted due to hematochezia with abdominal pain. Immediate lower gastrointestinal endoscopy was done and showed necrotic colonic mucosa on transverse colon (Fig.1 A). Contrast-enhanced computed tomography revealed ischemic colitis with intramural hematoma (Fig.1 B). Thus, she had emergency right hemicolectomy for necrotizing ischemic colitis. After operation, she took ordinary postoperative care and discharged. After 1 month, she was admitted again due to abdominal pain and melena. There was no evidence of bleeding on upper gastrointestinal endoscopy. Lower gastrointestinal endoscopy revealed multiple ulcer of various size and shape in distal ileum and biopsy was done (Fig.1 C). Histopathologic exam exhibited green birefringence under polarized light microscopy (Fig.1 D). Therefore, we could diagnose ileal amyloidosis. We reviewed surgically resected colonic tissue and had same result. Additional test, serum and urine protein electrophoresis, provided clues to multiple myeloma. Subsequent bone marrow biopsy confirmed multiple myeloma. Finally, we diagnosed intestinal amyloidosis in multiple myeloma which presented as necrotizing ischemic colitis. She took chemotherapy for multiple myeloma in oncology and has improved gradually until now 18 month after diagnosis.

Conclusion: We report a case of small and large intestinal amyloidosis first presented with hematochezia and abdominal pain as typical ischemic colitis and showed necrotizing ischemic colitis in endoscopy. Gastroenterologist and endoscopist have to be aware of possibility of intestinal amyloidosis in case of ischemic colitis.

Key word: Amyloidosis, Ischemic colitis, Hematochezia, Endoscopy.