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Summary

PROPHYLACTIC CLIPPING AFTER COLORECTAL ENDOSCOPIC SUBMUCOSAL DISSECTION DOES NOT REDUCE DELAYED BLEEDING RATES: A MULTICENTER PROPENSITY-SCORE MATCHED ANALYSIS

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Colorectal

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A multicenter retrospective study of 3431 colorectal endoscopic submucosal dissection cases found that prophylactic complete clip closure did not significantly reduce clinically significant delayed bleeding compared to no closure, even in high-risk patients.

KEY POINTS

- Among 3431 patients across ten centers (1236 with closure, 1985 without), the rate of clinically significant delayed bleeding was similar between groups: 7.04% with closure versus 6.8% without closure (p = 0.85).
- After propensity score matching based on Limoges Bleeding Score risk factors (age over 75 years, lesion size over 50 mm, ASA III-IV status, rectal location, and anticoagulant or antiplatelet use), results remained non-significant: 7.47% with closure versus 6.11% without (p = 0.38).
- Subgroup analyses of patients on anticoagulants (165 versus 251 patients) and those at high risk by Limoges score of 5 to 8 points (181 in each group) also showed no significant difference in bleeding rates (p = 0.31 and p = 0.16, respectively).
- The authors suggest that given the technical challenges of complete clip closure and lack of demonstrated benefit, the technique could be reserved for selected clinical scenarios.
- This material is relevant for endoscopists performing colorectal endoscopic submucosal dissection who are considering prophylactic closure strategies to prevent post-procedural bleeding.

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