IS NEW ALWAYS BETTER? CHOICE OF ENDOSCOPIC PROCEDURE IN A PATIENT WITH OBSCURE GASTROINTESTINAL BLEEDING

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A case of jejunal diverticular bleeding illustrates the complementary roles of motorised spiral enteroscopy and conventional enteroscopy techniques in small bowel hemorrhage management.

KEY POINTS

- A 66-year-old male with melena underwent multiple endoscopic procedures after initial OGD and colonoscopy were unrevealing, with video capsule endoscopy revealing blood pooling in the small bowel.
- Antegrade motorised spiral enteroscopy identified fresh blood clots in the proximal jejunum with multiple large diverticula and active bleeding from one diverticulum, but difficulty was encountered manoeuvring into the jejunal diverticulum.
- The procedure was switched to a cap-fitted paediatric colonoscope which facilitated advancement into the diverticulum, and hemostasis was achieved with adrenaline injection and hemostatic clips.
- The authors note that while motorised spiral enteroscopy can locate pathology coaxial to the scope axis, push enteroscopy or balloon-assisted enteroscopy maintains advantages with a more flexible shaft for accessing off-axis lesions within diverticula.
- This case is relevant to gastroenterologists managing small bowel bleeding and selecting appropriate endoscopic modalities for jejunal pathology.

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