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Summary

PREVENTION OF DELAYED POST-POLYPECTOMY HEMORRHAGE BY DOPPLER ENDOSCOPIC PROBE MONITORING AND FOCAL BLOOD FLOW ABLATION IN A RANDOMIZED CONTROLLED TRIAL

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Endoscopy | Surgery | Mechanisms & Personalised Medicine | Colorectal

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In a multicenter RCT of 180 high-risk patients undergoing polypectomy, Doppler endoscopic probe-guided hemoclip treatment to obliterate submucosal arterial blood flow significantly reduced delayed post-polypectomy hemorrhage compared with standard medical management.

KEY POINTS

- Major delayed bleeding occurred in 1.14% of DEP-guided patients versus 8.7% of standard-treatment patients (risk difference 7.56%, 95% CI 1.39%-13.7%, p=0.0204, NNT=13.2).
- Total delayed bleeding was 2.27% in the DEP group versus 11.96% in the standard group (risk difference 9.68%, 95% CI 2.36%-17.0%, p=0.0127, NNT=10.3).
- There were no drop-outs, severe adverse events, or deaths; DEP monitoring and focal treatment was quick and easy.
- The trial enrolled high-risk outpatients (mean age 68 years, 76% male, 85% on antithrombotics) with polyps removed by EMR or thermal coagulation creating ulcers 10-40 mm; patients and caregivers were blinded to treatment.
- DEP detects blood flow in medium or large submucosal arteries in post-polypectomy ulcers; guided hemoclip placement obliterates arterial flow, an anatomically based method effective throughout the colon and rectum.

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