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Summary

MANAGEMENT OF DELAYED BLEEDING OF UPPER GASTROINTESTINAL ENDOSCOPIC SUBMUCOSAL TUNNELING PROCEDURES: A RETROSPECTIVE SINGLE-CENTER ANALYSIS AND BRIEF META-ANALYSIS

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Oesophagus

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A retrospective study of 22 cases found delayed bleeding after endoscopic submucosal tunneling procedures occurred in 0.4% of cases and was effectively managed with endoscopic intervention without need for surgery.

KEY POINTS

- Among 5,789 patients undergoing POEM or STER from 2010 to 2022, 22 developed delayed bleeding (15 POEM, 7 STER), presenting most commonly as intratunnel bleeding (45.5%), combined intratunnel and mucosal bleeding (31.8%), or mucosal bleeding alone (22.7%).
- Active bleeding was identified in 95.5% of cases at a mean of 5.3±4.9 days post-procedure, with common accompanying symptoms including hematemesis, fever, and melena.
- Bleeding was successfully controlled using electrocoagulation (19 cases), endoscopic clipping (6 cases), or Sengstaken-Blakemore tube insertion (3 cases), with no patient requiring surgical intervention.
- Mean hemostatic procedure duration was 61.8±45.8 minutes and mean post-bleeding hospital stay was 10.0±6.2 days.
- This material is most relevant for gastroenterologists performing or managing complications of endoscopic submucosal tunneling procedures.

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