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The long life of a hemoclip

Authors:
Isabel Garrido, Armando Peixoto, Guilherme Macedo

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Authors: Isabel Garrido MD[1,2], Armando Peixoto MD[1,2], Guilherme Macedo MD PhD[1,2]

Affiliations:

[1]Gastroenterology and Hepatology Department, Centro Hospitalar Universitário de São João, Porto, Portugal

[2]World Gastroenterology Organization (WGO) Porto Training Center

Corresponding author:

Isabel Garrido MD

Gastroenterology and Hepatology Department, Centro Hospitalar Universitário de São João, Alameda Prof. Hernâni Monteiro, 4200-319 Porto, Portugal;

Tel: +351 22 551 2100;

Email address: isabelmng@hotmail.com

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An 87-year-old man, with frequent episodes of food impaction, underwent esophageal high-resolution manometry which revealed type I achalasia. Due to his advanced age and the presence of comorbidities, the injection of botulinum toxin was proposed and accepted by the patient. In June 2021, esophagogastroduodenoscopy revealed esophageal dilatation, with liquid and food retention and narrowing of the esophagogastric junction. An injection of 25 units of botulinum toxin diluted in 10 mL of saline was performed in each of the 4 lower esophageal sphincter quadrants, without complications. Interestingly, two rusty-looking hemoclips (Figure 1) were also seen near the esophagogastric junction, the site of a previous severe bleed. In fact, the patient had undergone a previous endoscopy in November 2016, 55 months earlier, when two metallic clips were applied due to a deep Mallory–Weiss tear during an episode of food impaction.

This is a rare case of asymptomatic hemoclip retention for more than 4 years after initial placement, remarkable for its rusty appearance. Hemostatic clips are a very common and effective intervention used by endoscopists[1]. However, they typically fall off on their own within 1-2 weeks[2]. The case presented here is an example that hemoclips can stay in place much longer than expected.

Currently, there are no guidelines for managing hemoclip retention and no established endoscopic method to remove embedded hemoclips without potential mucosal rupture. Long-term sequelae of hemoclip retention are uncertain. In our case, there were no noticeable clinical sequelae.

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Figure 1 - Retained hemostatic clips near the cardioesophageal junction.