

Combined endoscopic and surgical treatment of severe GI bleeding in a patient with heart assist device under therapeutic anticoagulation

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GI bleeding is a common complication in patients with heart assist device. Reasons for bleeding are multifactorial. In general endoscopic therapy is the treatment of choice whereas more invasive procedures are avoided in these critically ill patients. We present a 65-year old male patient suffering from severe gastrointestinal bleeding after left and right ventricular assist device placement with therapeutic anticoagulation. Endoscopically, multiple gastric bleeding sources were found but couldn't be treated effectively because of a large blood clot. Therefore, a combined multimodal endoscopic and surgical approach was applied, including gastrotomy for removal of the blood clot, surgical transgastrical suturing, and luminal endoscopic over-the-scope clip (OTSC) placement as well as hemospray application. Postoperative endoscopic visualization showed

effective bleeding control. The patient unfortunately died due to causes unrelated to endoscopic/surgical treatment. This case shows that a combination of endoscopic and surgical techniques as a minimal invasive option can be an alternative for the treatment of severe upper GI bleeding in critically ill and anticoagulated patients unfit for gastrectomy.

Speaker Biography

Mohamed Bounnah has possessed his expertise in digestive endoscopy of the passion he feels for this field and the different international exchanges that he may have had during his training, the approach of endoscopy and surgery leaves immersed new techniques in endoscopy and opens new perspectives for the care of the patients who other times were in surgery this border between the two domains all arouses its interest to implement a new approach and technique with the different teams with whom he has already worked.

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