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Mini Review

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Effectiveness of Snare-Tip Soft Coagulation (STSC) in Treating Multiband Mucosectomy (MBM) Associated Bleeding in Barrett's Esophagus

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Endoscopic Mucosal Resection or EMR is used in current day and age to remove dysplastic epithelium in Barrett's esophagus with high-grade dysplasia (HGD). There are different EMR techniques that can be employed to achieve this and multiband mucosectomy or MBM is one such technique. MBM has numerous advantages such as- no lifting required as the esophageal layer retracts with the use of the band, repetitive suck-band-snare sequences allow multiple resections and MBM does not require withdrawal of the scope in between resections.

However, intra-procedural bleeding (IPB) is a common side effect. Intra-procedural bleeding during MBM can range anywhere between 0%-46% of cases [1]. The biggest challenge that IPB poses is that it obscures the visibility of the endoscopist. While the bleeding can be managed with usual hemostatic techniques such as injecting epinephrine, using endoclips or argon plasma coagulation (APC)- these techniques may preclude the procedure from being completed as the MBM apparatus may have to be disassembled or the catheter itself may have to be exchanged (2). Vosko S et al evaluated STSC as the first-line hemostatic therapy for IPB during MBM in a prospective observational cohort of 191 consecutive patients [2]. There were 292 MBM procedures performed with standard technique and IPB occurred in 63 cases. Primary outcome was outlined as technical success and efficacy of STSC. STSC was the first-line hemostatic therapy in 51 IPB cases and alternative therapies were used in the remaining cases. STSC achieved hemostasis in 48 cases without requiring disruption of the procedure or apparatus disassembly, thereby achieving technical success. This prospective study concluded that STSC is a safe and effective first-line hemostatic modality that can be used to treat IPB in MBM.

Although this study had positive outcomes to share in regards to the role of STSC in IPB during MBM, we will need more prospective studies to validate these findings. We will also need more training and education to facilitate more widespread use of this technique as compared to the traditional hemostatic modalities that are currently in use.

References

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