

Endoscopic Clipping in the 21th Century, Where are we and Where are we Going?

Diego Sánchez-Muñoz

Diego Sánchez-Muñoz, Digestive Diseases Department. Endoscopy Unit. Hospital Quirón Sagrado Corazón. Sevilla, Spain

Correspondence to: Diego Sánchez-Muñoz, MD, Digestive Diseases Department. Endoscopy Unit. Hospital Quirón Sagrado Corazón. Sevilla, Spain

Email: dsanchezm@wanadoo.es

Telephone: +34-627494744

Received: September 25, 2013 Revised: October 28, 2013

Accepted: November 23, 2013

Published online: January 21, 2014

ABSTRACT

Endoscopic clipping has become an essential therapeutic method in multiple endoscopic situations. Advances in technology and the recent development of new devices have allowed endoscopists worldwide to have a wide range of clips to choose according the situation to be solved.

© 2014 ACT. All rights reserved.

Key words: Endoscopic clipping; 21th Century; clips; gastrointestinal endoscopy

Sánchez-Muñoz D. Endoscopic Clipping in the 21th Century, Where are we and Where are we Going? *Journal of Gastroenterology and Hepatology Research* 2014; 3(1): 939 Available from: URL: <http://www.ghrnet.org/index.php/joghr/article/view/585>

EDITORIAL

Endoscopic clipping has become an essential therapeutic method in multiple endoscopic situations. Advances in technology and the recent development of new devices have allowed endoscopists worldwide to have a wide range of clips to choose according the situation to be solved. In the first cases performed in the mid 80's, clips were mainly used as an hemostatic method, having demonstrated its benefit and superiority to other methods in resolving acute gastrointestinal bleeding, both in upper and lower gastrointestinal tract, either iatrogenic (i.e postpolypectomy bleeding) or spontaneous (i.e, bleeding ulcers, diverticular bleeding, Dieulafoy lesions,...)^[1,2]. Simultaneously, because of their radiopaque characteristics, clips were used as assistants in marking lesions, being helpful in further

therapeutic procedures. Fistula and leakages closures were the next clinical situations in which endoscopic clipping were able to avoid more aggressive interventions^[3].

Eastern endoscopists have shown us how mucosal resections or submucosal dissections have to be done, and in those situations, clips become an essential part of these procedures, mainly for achieving hemostasis if bleeding occurs, and for closure of endoscopically induced perforations. It is in this situation where clips have evolved, allowing endoscopists to perform a real therapeutic endoscopy and avoiding surgical interventions, having demonstrated that their use can be cost-effective^[4].

Nevertheless, we are far from having established the real role of hemoclips in the setting of therapeutic endoscopy. Confounding data concerning hemoclips efficacy in resolving several problems have been published, and, at the date, medical literature show discrepancies about hemoclips usefulness when compared with other classic methods, such as thermal or substances injection. This faces with the generalized opinion of endoscopists about hemoclips usefulness, which are used routinely worldwide.

In the current issue, our group discusses the actual knowledge about clipping in gastrointestinal endoscopy setting, and tries to establish the present and future trends about the usefulness of clips in gastrointestinal endoscopy.

REFERENCES

- 1 Hachisu T. Evaluation of endoscopic hemostasis using an improved clipping apparatus. *Surg Endosc* 1988; **2**: 13-17
- 2 Hepworth CC, Swain CP. Mechanical endoscopic methods of haemostasis for bleeding peptic ulcers: a review. *Baillieres Best Pract Res Clin Gastroenterol* 2000; **14**: 467-476
- 3 Tekinbas C, Erol MM, Akdogan R et al. Treatment of anastomotic leaks after esophagectomy with endoscopic hemoclips. *J Thorac Cardiovasc Surg*. 2009;137:766-7
- 4 Park CH, Lee SK. Preventing and Controlling Bleeding in Gastric Endoscopic Submucosal Dissection. *Clin Endosc* 2013; **46**: 456-462

Peer reviewers: Iruru Maetani, MD, Professor, Division of Gastroenterology, Department of Internal Medicine, Toho University Ohashi Medical Center, 2-17-6 Ohashi Meguro Tokyo 153-8515, Japan; Ahmed Abdel Samie, MD, FEBGH, FEFIM, Consultant Gastroenterology, Medizinische Klinik II, Pforzheim Hospital, Kanzlerstr 2-6, 75175 Pforzheim, Germany.