Utility of Endoscopic Argon Plasma Coagulation in the Treatment of Radiation Proctitis

Eiji Sakai  Hirokazu Takahashi  Masahiko Inamori  Hiroki Endo  Tomoyuki Akiyama
Keiko Akimoto  Hironori Mawatari  Yuichi Nozaki  Koji Fujita  Masato Yoneda
Ayumu Goto  Yasunobu Abe  Noritoshi Kobayashi  Kensuke Kubota  Norio Ueno
Atsushi Nakajima

Gastroenterology Division, Yokohama City University School of Medicine, Yokohama, Japan

Dear Sir,

Radiation proctitis is a complication of radiation therapy for malignant pelvic diseases. Rectal bleeding occurs in 6–8% of these patients, and recurrent rectal bleeding caused by severe radiation proctitis is often difficult to manage.

A 71-year-old man, who had received radiation therapy for prostatic carcinoma 6 month previously, was admitted to our hospital complaining of recurrent bloody stools. A subsequent colonoscopic examination revealed bleeding from proctitis in the rectum. He was diagnosed as having radiation proctitis following radiation therapy for prostatic carcinoma. Because conservative medical therapy failed, argon plasma coagulation (APC) was performed giving successful endoscopic hemostasis without complications (fig. 1). The proctitis-mediated bleeding was effectively controlled after a single APC treatment session.

APC in endoscopy was first described in 1986, and has become a major treatment of choice for non-variceal gastrointestinal hemorrhage. Our case showed bleeding from the extensive proctitis, and other hemostasis devices, such as hemoclips, endoscopic band ligation and ethanol injection, were not suitable for treatment. We confirmed the validity of APC in the treatment of bleeding radiation proctitis.

Fig. 1. Argon plasma coagulation was performed endoscopically for a bleeding radiation proctitis giving successful hemostasis.