Variceal Banding: A Lesser-Known Complication

Dear Editor,

Band ligation is the cornerstone of the treatment of esophageal varices. Band ligation is one of the most commonly performed endoscopic procedures. Although variceal banding is mostly a safe procedure, it may be complicated by serious adverse event.

A 32-year-old man with known cryptogenic liver cirrhosis presented with melena. Esophagogastroduodenoscopy revealed grade III esophageal varices. Variceal banding was started with a Saeed's type multishooter ligator (Shaili Endoscopy®, Gujarat, India), a single-thread system. After application of first band, although the ligated varix slipped out of the barrel, the thread (trigger cord) however gets stuck between varix and band (Figure 1). Resistance was noted during pulling of stuck thread. We applied a little forcible pull but blood started oozing from the varix. Rotation of the handle was stretching the thread and

ligated varix instead of deploying new bands. Oozing from varix was increasing. Therefore, we decided to cut the thread at the level of handle. Alternatively, we could have released the thread by unlocking the handle. After quick inspection (Figure 2), the varices were successfully ligated with another set of multi-band ligator (MBL).

Use of MBL led to significant decrease in the technical complications of variceal banding.¹ The MBL has eliminated the need for an overtube and its related complications which include esophageal mucosal tears, esophageal perforation, variceal rupture, and separation of the overtube from the bite block.² Failure of deployment of a band, simultaneous deployment of multiple bands, and other device malfunctions are the rare complications of MBL. Separation of plastic barrel and dislodgement of the ligator cap of the MBL has been reported on a few occasions.³ The trapping of thread of the MBL between the varix and rubber band is a rare and a potentially serious complication. Forceful pulling of stuck thread may cause massive bleeding. Cutting the thread near the handle or releasing the thread by unlocking the handle is an effective technique to be used in such a situation. Device malfunction is the possible explanation of this complication.

CONFLICTS OF INTEREST

The authors have none to declare.

REFERENCES

1. Liu J, Petersen BT, Tierney WM, et al. Endoscopic banding devices. *Gastrointest Endosc.* 2008;68:217–221.
2. Stiegmann GV, Goff JS, Michaletz-Onody PA, et al. Endoscopic sclerotherapy as compared with endoscopic ligation for bleeding esophageal varices. *N Engl J Med.* 1992;326:1527–1632.
3. Tuncer K, Ozutemiz O. An unusual complication of esophageal variceal band ligation: iatrogenic esophageal foreign body. *Endoscopy.* 2003;35:460.

Ashish Kumar Jha*, Vishwa Mohan Dayal, Baraq Ahmed, Uday Kumar, Sharad Kumar

Department of Gastroenterology, Indira Gandhi Institute of Medical Science, Patna 14, India

Address for correspondence: Ashish Kumar Jha, Department of Gastroenterology, Indira Gandhi Institute of Medical Science, Patna 14, India. Tel.: +91 6122297631; fax: +91 6122297225.

E-mail: ashishjhabn@yahoo.co.in

14 October 2015

Available online: 12 November 2015

Figure 1 Ligated varix with trapped thread, undeployed bands, and oozing of blood.

Figure 2 Ligated varix without active bleed.