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Successful endoscopic hemostasis of Mallory-Weiss tear via hemoclip placement: A case report

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Introduction

Mallory-Weiss Syndrome (MWS) is characterized by a longitudinal, non-penetrating mucosal tear near the Gastroesophageal Junction (GEJ), which typically follows a sudden, forceful increase in intra-abdominal pressure, commonly associated with retching, vomiting, or heavy lifting. While self-limited bleeding is common, severe upper Gastrointestinal Bleeding (UGIB) necessitating intervention occurs in a significant subset of patients [1]. Historically, surgical repair was the definitive treatment for refractory cases. However, advancements in endoscopic techniques, particularly the use of hemoclips, have established endoscopy as the gold-standard first-line treatment for achieving hemostasis in actively bleeding MWS lesions. We present a case of acute UGIB secondary to a Mallory-Weiss tear successfully treated with endoscopic hemoclip placement, highlighting the efficacy and minimally invasive nature of modern management.

Case presentation

A 50-year-old male, with no significant past medical history except for Alcohol Use Disorder, presented to the Emergency Department complaining of multiple episodes of hematemesis over the preceding 12 hours. The patient reported a brief period of non-bloody retching prior to the onset of frank bleeding. Upon examination, the patient was hemodynamically stable, though tachycardia was present at the time of presentation (Heart Rate: 105 beats per minute; Blood Pressure: 130/85 mmHg). Laboratory results showed a mild decrease in hemoglobin (11.5 g/dL). Resuscitation was initiated with intravenous fluid therapy.

An emergent upper gastrointestinal endoscopy was performed. The examination revealed a single, longitudinal mucosal tear, approximately 1.5cm in length, located across the gastroesophageal junction on the lesser curvature side (Figure 1). This lesion was actively bleeding, exhibiting spurting hemorrhage [2]. The remainder of the endoscopy appeared unremarkable.

Given the active bleeding, a definitive hemostatic procedure was immediately indicated. Endoscopic placement of a hemoclip (Olympus EZ-Clip) was performed directly across the tear. Upon successful deployment of the clip, hemostasis was immediately and completely achieved (Figure 2).

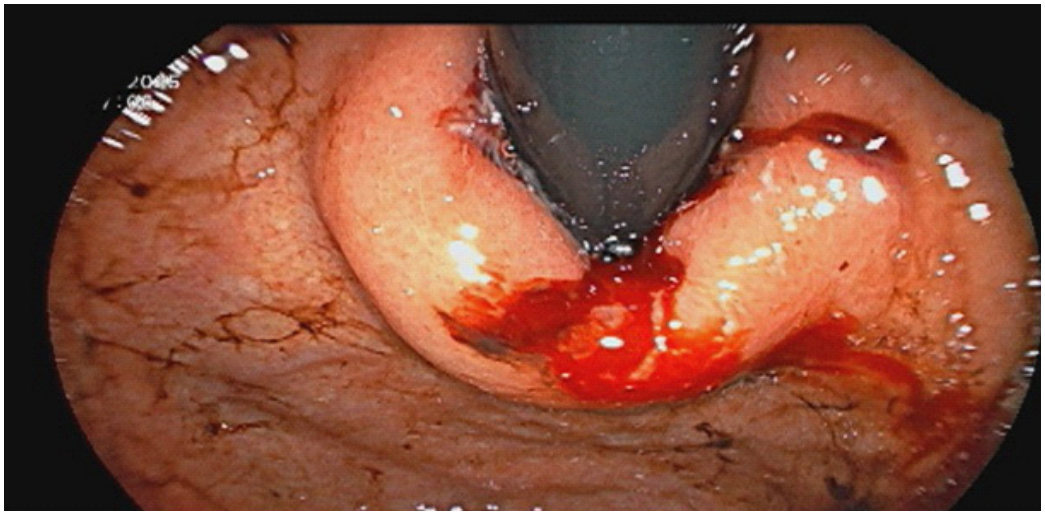

Figure 1: Endoscopic image showing endoscope in retroflexed position with a linear Mallory-Weiss tear at the Gastroesophageal junction with active ooze.

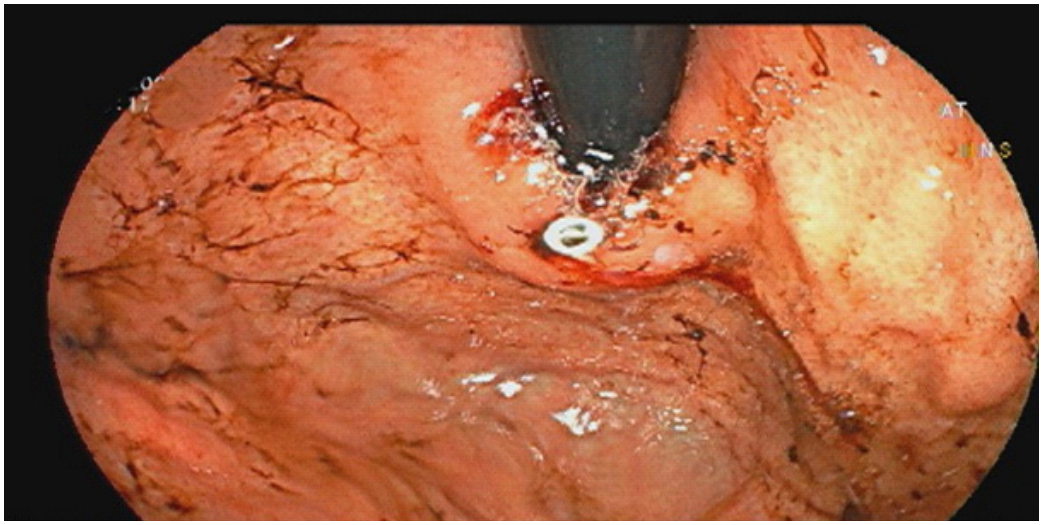

Figure 2: Hemoclip (Olympus EZ-Clip) placed endoscopically across the Mallory Weiss tear with successful endoscopic hemostasis.

The patient was admitted to the intensive care unit for 24-hour observation. He remained hemodynamically stable, with no further episodes of hematemesis or melena. The hemoglobin level stabilized, and the patient was discharged on a regimen of Proton-Pump Inhibitors (PPIs) three days post-procedure.

Discussion

Mallory-Weiss tears account for approximately 5-10% of all causes of UGIB [3]. The pathogenesis involves a failure of the upper esophageal muscle fibers to relax during sudden elevation of intragastric pressure, leading to shear stress and subsequent tearing of the less elastic mucosal lining. While most cases stop spontaneously, active bleeding, as seen in this patient, requires immediate intervention.

The management evolution of MWS reflects the shift toward minimally invasive techniques. While surgical repair (laparotomy with gastrotomy) remains an option for failed endoscopic or angiographic management, it carries significant morbidity and mortality risks [4].

In this case, the use of mechanical therapy via hemoclips provided several advantages:

1. Immediate mechanical closure: Hemoclips achieve direct physical closure of the bleeding vessel and approximation of the torn mucosa, offering a more durable solution than purely thermal or injection therapy.

2. Safety profile: Clipping is associated with a low risk of perforation or significant tissue injury, making it ideal for the GEJ area.

3. Effectiveness: Studies confirm hemoclips have a high rate of initial hemostasis and low rates of rebleeding for MWS [5], often making a single endoscopic session curative.

The prompt diagnosis afforded by emergent endoscopy allowed for rapid intervention, which prevented the need for blood transfusions or more aggressive interventions. This successful outcome underscores the importance of a streamlined protocol for UGIB in the emergency setting.

Conclusion

Endoscopic hemoclip placement is a highly effective, safe, and definitive therapeutic option for acute hemorrhage secondary to a Mallory-Weiss tear. In this 50-year-old male with active UGIB, hemoclip successfully achieved permanent hemostasis, allowing for rapid recovery and discharge. This case serves as a paradigm for the current endoscopic management of this common cause of upper gastrointestinal bleeding.

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