

On immediate bleeding following polypectomy



We thank Papastergiou et al. for their interest in our recently published study. In our meta-analysis [1], a lower rate of overall adverse events (AEs) (immediate/delayed bleeding and perforation) was observed with HSP compared to CSP (20/546 [3.7%] vs. 36/545 [6.6%], pooled OR 0.53, $P=0.03$). The delayed bleeding rates were not statistically different between the two groups whereas the immediate bleeding rate was significantly lower in the HSP group (18/546 [3.3%]) compared to the CSP group (36/545 [6.6], pooled OR 0.48, $P=0.01$) allowing the HSP group to have a lower rate of overall AEs compared to the CSP group.

We agree that immediate bleeding is destined to occur after cold snare polypectomy due to lack of coagulation current and in the majority of the situations is a slow, capillary bleeding that spontaneously stops and does not need intervention [2,3]. The immediate bleeding did not increase the need for blood transfusion and/or hospital admission in all included trials in our study and was successfully managed with endoscopic hemostasis. However, the potential issue with immediate bleeding is need for treatment (eg hemostatic clips), increasing costs and procedure time as well as obscuring the endoscopist view of the

polypectomy site for meticulous inspection. However, the current literature is insufficient to address this in comparison with HSP and the studies included in our analysis reported a general “immediate bleeding rate.” We need more prospective research specifically powered to evaluate all AEs and costs between CSP and HSP groups, which will shed light on gauging the true clinical impact of immediate bleeding following CSP.

Competing interests

None

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