

The effect of Ankaferd blood stopper on severe radiation colitis

Ankaferd blood stopper (ABS) is a standardized herbal extract obtained from five different plants *Thymus vulgaris* (thyme), *Glycyrrhiza glabra* (licorice), *Vitis vinifera* (grape), *Alpinia officinarum* (lesser galangal), and *Urtica dioica* (stinging nettle) [1–3]. Here, we present the first case of successful ABS usage in the therapy of radiation colitis.

A 71-year-old woman who had undergone pelvic radiotherapy due to cancer of the cervix was admitted with rectal bleeding. Colonoscopy revealed radiation rectosigmoiditis involving the area between 13 cm and 20 cm from the anal verge (► Fig. 1 a). The lesion was severe according to Wachter et al. [4] classification (congested mucosa: grade 2; ulceration: grade 3; necrosis: grade 1).

A total of 20mL ABS solution was sprayed with a sclerotherapy needle onto the lesion. This produced greyish-yellow discoloration and bleeding stopped within seconds (► Fig. 1 b, c). No sign of bleeding was observed in the following days, and three further sessions were carried out on a weekly basis to complete the healing. At follow-up, the giant ulcerated lesion had almost disappeared, with only mild residual erosions and friability remaining (► Fig. 2 a, b, c). The patient had only mild pelvic pain at the fifth week, despite ongoing friability of the lesion area.

The optimal treatment of bleeding due to radiation proctitis is still controversial. Currently, argon plasma coagulation (APC) and local application of formalin are being used as the main successful measures for therapy of radiation colitis. APC treatment appears to be safer than formalin [5].

ABS as a new hemostatic agent has been reported in various gastrointestinal scenarios, namely Dieulafoy lesion [1], solitary rectal ulcer [2], and neoplastic gastrointestinal bleeding [3]. Upon application onto the injured area, it induces a hemostatic protein network that stimulates erythrocyte aggregation [1]. ABS may also offer an exciting option in the therapy of radiation colitis, due to the ease of application, speed of action, non-toxicity, and low cost.

Endoscopy_UCTN_Code_TTT_1AQ_2AZ



Fig. 1 Treatment of radiation rectosigmoiditis using Ankaferd blood stopper (ABS) following pelvic radiotherapy. **a** Large ulcerated lesion involving two-thirds of the lumen at the rectosigmoid area. Edema, nodularity, and fresh bleeding were also seen. **b, c** Bleeding stopped and greyish–yellow coagulum covered the diseased area within seconds after topical ABS application.



Fig. 2 Follow-up of the lesion area. **a** The appearance of the healing ulcer one week after end of treatment. **b, c** Near-complete healing of ulcerated areas; some erosions and friability persisted at the fifth week of follow-up.

E. Ozaslan¹, T. Purnak¹, A. Yildiz¹, T. Akar¹, U. Avcioglu¹, I. C. Haznedaroglu²

¹ Numune Education and Research Hospital, Department of Gastroenterology, Ankara, Turkey

² Hacettepe Faculty of Medicine, Department of Hematology, Ankara, Turkey

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DOI 10.1055/s-0029-1215325
Endoscopy 2009; 41: E321–E322
© Georg Thieme Verlag KG Stuttgart · New York ·
ISSN 0013-726X

Corresponding author

E. Ozaslan, MD

Numune Education and Research Hospital,
Department of Gastroenterology
Cukurambar Mah. 40. Cad. 5/13
Cankaya
Ankara
Turkey
Fax: +90-312-3125026
er72@hotmail.com