Endoscopic hemostasis using a gauze-ball compression method

A 76-year-old man was hospitalized for hematemesis. His blood pressure dropped to 72/44 mmHg, his pulse rate was elevated at 102 beats per minute, and his hemoglobin level decreased to 7.5 g/dL. Immediate endoscopy showed a gastric ulcer with active bleeding on the posterior wall of the upper body.

To control the ulcer bleeding, an epinephrine solution was first injected, and this was followed by the application of three hemoclips; however, this failed to work because of the friability of the mucosa. Argon plasma coagulation and fibrin glue injection also failed. After these attempts at hemostasis failed, angiography was performed, during which contrast leakage from the branch of the left gastric artery was noted. Embolization also failed, however, because superselection of the bleeding vessel was not possible owing to technical difficulties.

A further endoscopy was performed the next day. Active bleeding was noted at the posterior wall of the upper body (Fig. 1). A gauze ball was prepared as shown in the diagram (Fig. 2), then grasped by alligator forceps and installed onto the tip of the endoscope. After 3 minutes of mechanical compression with the gauze ball, the bleeding stopped (Fig. 3b). Follow-up endoscopy 10 days later showed no further signs of bleeding (Fig. 4).

In addition to the direct compression on the bleeding site, the hemostatic contribution from two different topical hemostatic agents seemed to work effectively.

The main ingredient of QuikClot is kaolin. When kaolin comes into contact with blood, it absorbs the smaller water molecules from the blood. The larger platelets and clotting factors remain in a highly concentrated form, thereby promoting rapid natural clotting [1]. TachoComb, a collagen-bound fibrin sealant, contains human fibrinogen with equine collagen as a carrier. It works by mimicking the final steps of the natural
blood clotting process, creating a fibrin clot at the bleeding site [2]. This case supports the potential value of a method involving application of gauze-ball compression for endoscopic hemostasis.

Competing interests: None

Seung Hwan Shin¹,², Hee Seung Lee¹,², Jaehyun Bae¹, Jun Chul Park¹,², Sung Kwan Shin¹,², Sang Kil Lee¹,², Yong Chan Lee¹,², Hyunsoo Chung¹,²

¹ Department of Internal Medicine, Yonsei University College of Medicine, Seoul, Korea
² Institute of Gastroenterology, Yonsei University College of Medicine, Seoul, Korea

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1377392
Endoscopy 2014; 46: E395–E396
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Hyunsoo Chung, MD
Division of Gastroenterology
Department of Internal Medicine
Yonsei Institute of Gastroenterology
Yonsei University College of Medicine
250 Seongsanno, Seodaemun-gu
Seoul 120–752
Republic of Korea
Fax: +82-2-3936884
HCHUNG@yuhs.ac