

We report here on a case of recurrent bleeding secondary to duodenal ulcer, despite previous endoscopic treatment with epinephrine and argon, which was controlled with endoscopic injection of collagen/povidone. This is a biological agent derived from gamma-irradiation of a mixture of type I pepsinated porcine collagen and povidone that has been reported to improve recovery during the healing process [1,2].

A 63-year-old man with history of chronic use of nonsteroidal anti-inflammatory drugs presented with hematemesis and melena. Endoscopic examination revealed a large ulcer in the second portion of the duodenum, with two visible vessels, which were sclerosed with 1:10000 epinephrine and argon. Nine days after this procedure, the patient had a new bleeding event, with the same endoscopic features (Figure 1), and received the same treatment. Hemoclips were not used, as almost the entire surface of the extensive lesion was thickened and bleeding, so that clips could not be attached. After 2 days, in view of continuing bleeding, it was decided to administer 4 ml of collagen/povidone in 10 ml of distilled water through the endoscope, injecting 3 ml into the lesion and 7 ml on the surface. Significant improvement in the lesion was observed 24 h after the collagen/povidone injection (Figure 2). Notable healing was evident 72 h later, and there was no subsequent bleeding.

In this particular case, collagen-povidone proved to be a good treatment option, and controlled studies of it as a new sclerosant agent may be worth considering.

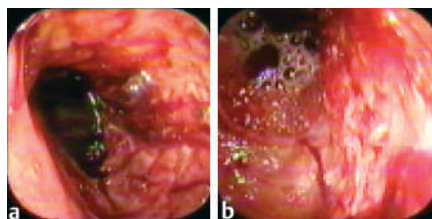


Figure 1 a Recurrent bleeding, b sclerosed with epinephrine and argon.

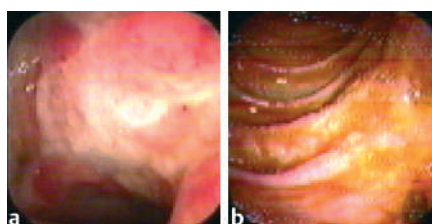


Figure 2 a, b The endoscopic appearance 24 h after treatment with collagen-povidone.

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References

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