

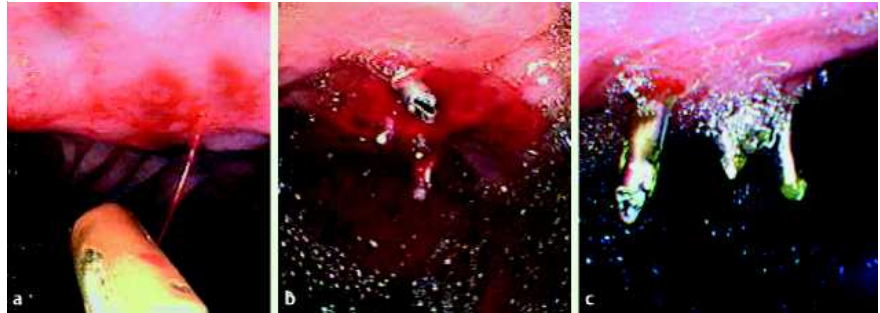
## Ankaferd Blood Stopper as an effective adjunctive hemostatic agent for the management of life-threatening arterial bleeding of the digestive tract

A 63-year-old man was admitted to our hospital with rectal bleeding. He had a history of Billroth II surgery for bleeding peptic ulcer disease 30 years ago. He had no other medical problems, and was receiving no medications. His hemoglobin level was 5.6 g/dL. Upper gastrointestinal endoscopy revealed fresh blood and clots in the residual stomach and efferent loop. A Dieulafoy lesion with spurting hemorrhage was found near the gastrojejunal anastomosis (● Fig. 1 a).

We initially applied three hemoclips to the lesion, but as the bleeding persisted (● Fig. 1 b), 2 mL epinephrine (1 : 10000 dilution) was injected around the bleeding site. Mucosal oozing still continued, so 12 mL Ankaferd Blood Stopper (ABS; Ankaferd Health Products Ltd., Istanbul, Turkey) was applied topically using a disposable washing pipe.

The bleeding was observed to stop within 2 s. The patient's hemoglobin level subsequently stabilized at 10.2 g/dL without further transfusion. Three days later, upper gastrointestinal endoscopy showed the site with hemoclips. There was no further bleeding (● Fig. 1 c).

ABS is a unique medicinal plant extract which has been approved in the management of dental surgery bleeding and external hemorrhage in Turkey [1]. It induces very rapid formation of a unique protein network in the plasma and serum samples [1]. ABS was previously used with success in a patient with bleeding from a hepaticojejunostomy anastomosis refractory to conventional endoscopic interventions [2]. Endoscopic therapy is the "standard of care" since the success rate with endoscopically accessible Dieulafoy lesions is about 95% [3–5]. However, it cannot always stop bleeding completely, and therefore hemorrhagic shock, circu-



**Fig. 1** a Dieulafoy lesion with spurting hemorrhage. b Application of three clips did not result in hemostasis. Ankaferd Blood Stopper was successfully used adjunctive to hemoclippling and injection of epinephrine. c Three days later, endoscopic appearance of nonbleeding lesion.

latory failure, morbidity, and mortality are still important life-threatening problems in this clinical setting. ABS may be useful as an adjunctive agent to mechanical intervention in cases of serious arterial bleeding. Neither any local adverse effect nor systemic toxicity was observed following the topical application of ABS.

Endoscopy\_UCTN\_Code\_TTT\_1AO\_2AD

**M. Kurt<sup>1</sup>, S. Kacar<sup>1</sup>, I. K. Onal<sup>1</sup>, M. Akdogan<sup>1</sup>, I. C. Haznedaroglu<sup>2</sup>**

<sup>1</sup> Department of Gastroenterology, Turkiye Yuksek Ihtisas Teaching and Research Hospital, Ankara, Turkey

<sup>2</sup> Department of Hematology, Hacettepe University Medical School, Ankara, Turkey

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DOI 10.1055/s-2008-1077648

*Endoscopy* 2008; 40: E262

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### Corresponding author

**M. Kurt, MD**

Department of Gastroenterology, Turkiye Yuksek Ihtisas Teaching and Research Hospital  
Sihhiye

Ankara

Turkey

Fax: +90-312-3124120

dr.mevlutkurt@gmail.com