

No prolonged effect of Ankaferd Blood Stopper on chronic radiation proctitis

Ankaferd Blood Stopper (ABS) is a Turkish folk-medicine herbal extract which forms a hemostatic web on bleeding areas by inducing erythrocyte aggregation [1]. We previously reported the first case of successful ABS usage in severe radiation colitis [2]. In this observational study, a total of eight patients with bleeding due to chronic radiation proctitis (CRP) were treated with endoscopic ABS application as a primary therapy. The lesions were severe in all cases according to Wachter's classification [3]. ABS was instilled onto the bleeding areas by sclerotherapy needle or heater probe catheter, once a week, at a dose of 20–30 ml per session. ABS-induced hemostasis lasted for 1–8 days per session, and was achieved in seven of eight cases (▶ Fig. 1).

In the eighth case bleeding was only lessened. However, recurrence of bleeding was the rule and the ABS had no effect on telangiectasia at the last follow-up. So, its blood-stopping activity for bleeding telangiectasia is only temporary. However, it was found to be effective in healing radiation-induced ulcers (n = 4) (▶ Fig. 2). Afterwards, six patients underwent argon plasma coagulation (APC; complete hemostasis in 5, lessened bleeding in 1), 1 patient underwent successful heater-probe coagulation, and 1 (patient no. 5) required no therapy.

The optimal treatment of bleeding due to CRP is still debated. Currently, APC and local application of formalin are being used as the main successful measures to treat CRP; APC appears safer than formalin [4]. ABS has a transient hemostatic effect lasting 1–8 days in bleeding due to CRP. It may well lead to apparent healing of ulcers, but it is not useful for healing of telangiectasia or as a definitive therapy for bleeding. So, its use is not recommended as a routine treatment for CRP.

Competing interests: None

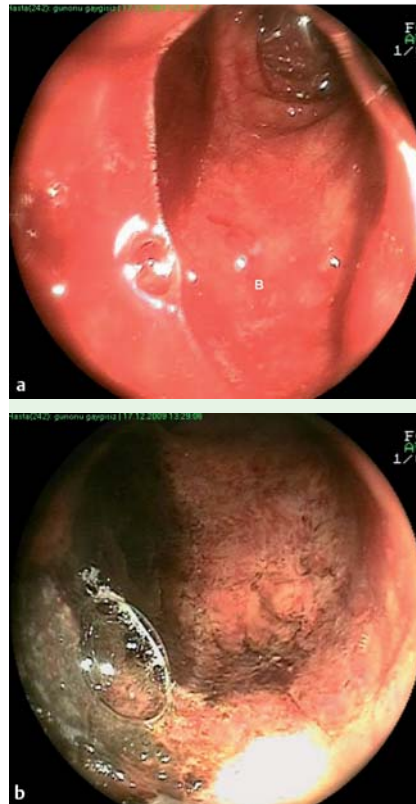


Fig. 1 a Diffuse oozing bleeding at the distal rectum from friable telangiectatic mucosa. b Grayish-yellow coagulum covered the diseased area within seconds after topical ABS application and bleeding stopped.

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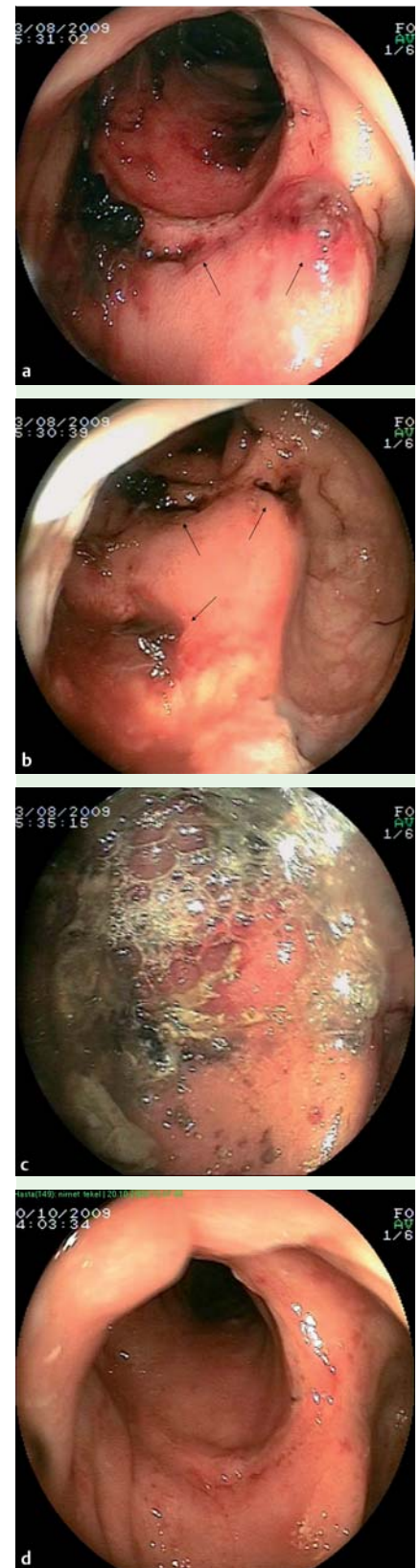


Fig. 2 a, b Ovoid and linear ulcerations with some clots at and near the anastomosis (center: true lumen; right: blind pouch). c A greenish-yellow coagulum covered the diseased area after topical ABS application. d At last follow-up, 10 weeks later, complete healing of ulcerated areas is seen, while rare telangiectases and mucosal friability persisted.

Table 1 Effect of Ankaferd Blood Stopper on chronic radiation proctitis.

Patient no.	Patient age, years; sex	Hb (Hct)	Details of bleeding lesion	ABS dose per session (no. of sessions)	Early response*	Final result†
1	65; M	7.9 g/dL (24.2%)	T: grade 3 CM: grade 1 U: none S, N: none	20 mL (5)	Bleeding stopped for 3 days	No change
2	61; M	12.1 g/dL (35%)	T: grade 3 CM: grade 2 U: none S, N: none	20–30 mL (5)	Bleeding stopped for 2–8 days	No change
3	60; M	11.0 g/dL (33.2%)	T: grade 3 CM: grade 2 U: none S, N: none	30 mL (7)	Bleeding lessened for 3 days	No change
4	68; M	11.8 g/dL (34%)	T: grade 3 CM: grade 1 U: none S, N: none	20 mL (5)	Bleeding stopped for 1–3 days	No change
5	56; F	10.1 g/dL (32%)	T: grade 1 CM: grade 2 U: grade S, N: none	20 mL (7)	Bleeding stopped for 3–5 days	No change (except healed ulcers)
6	71; M	12.2 g/dL (36%)	T: grade 3 CM: grade 2 U: grade 3 S, N: none	20 mL (5)	Bleeding stopped for 1–2 days	No change (except healed ulcer)
7	70; F	8.0 g/dL (24.3%)	T: grade 3 CM: grade 2 U: grade 3 S, N: none	20 mL (5)	Bleeding stopped for 1–3 days	No change (except healed ulcer)
8	61; M	11.6 g/dL (35.3%)	T: grade 2 CM: grade 1 U: grade 3 S, N: none	20 mL (5)	Bleeding stopped for 3 days	No change (except healed ulcer)

T, telangiectasia; CM, congested mucosa; U, ulcer; S, stricture; N, necrosis (Wachter classification [3]).

* Immediate hemostasis lasting for given number of days after every session.

† Final appearance of the lesion compared to initial.

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Bibliography

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