Novel application of Hemospray to achieve hemostasis in post-variceal banding esophageal ulcers that are actively bleeding

Esophageal variceal band ligation (EVL) has been described as the best treatment option for esophageal variceal bleeding (EVB) [1]. Following EVL, a local ulcer is commonly found that heals within 2–3 weeks, allowing the development of fibrosis in the submucosa. If the rubber band detaches prematurely, before variceal thrombosis has occurred, massive bleeding may occur at the site of the detached band [2]. This complication is rare but difficult to manage and is associated with mortality of up to 52% [3–5]. Management is based on endoscopic injection of cyanoacrylate when available, or balloon tamponade as a bridge to a rescue transfusion of 2 units of red blood cells with fatal bleeding: a new endoscopic elastic band ligation device. Gastrointest Endosc 1986; 32: 230–233

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Mostafa Ibrahim1,2, Arnaud Lemmers1, Jacques Devière1

1 Department of Gastroenterology and Hepatopancreatology, Erasme Hospital, Université Libre de Bruxelles, Brussels, Belgium
2 Department of Gastroenterology and Hepatology, Theodor Bilharz Research Institute, Cairo, Egypt

References

Video 1

Use of hemostatic nanopowder for hemostasis of an actively bleeding post-variceal banding esophageal ulcer.

Fig. 1  a Actively bleeding ulcer following esophageal variceal band ligation (EVL). b Application of hemostatic powder. c Appearance at 24-hour follow-up endoscopy.

Bibliography

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Corresponding author

Mostafa Ibrahim, MD
Department of Gastroenterology
Erasme Hospital
Université Libre de Bruxelles
Brussels, Belgium
Fax: +32-2-0106107100
mostafa.ibrahim@webgit.net