An 87-year-old man with severe cardiac disease, on treatment with an antiplatelet agent, was admitted to our department with acute melena, in a hemodynamically unstable state, and with a hemoglobin level of 6 mg/dL. Emergency endoscopy revealed an extensive ulcer in the antero−ing. This injection of cyanoacrylate for bleeding duodenal vessel was still present (with acute melena, in a hemodynamically level of 6 mg/dL. Emergency endoscopy disease, on treatment with an antiplatelet NB2C application (Peixoto P et al. Embolic complications /C188Endoscopy 2008; 40: E126). When this failed to stop the bleeding, we used a 1 : 0.6 mixture of N-butyl−2−cyanoacrylate (NB2C; Histoa−cryl) and lipiodol, which did stop it. At second−look endoscopy, a large pulsatile vessel was still present (Fig. 1 a), which was permanently occluded after a second NB2C application (Fig. 1 b). Five days later, the patient developed febrile peaks (40°C) without complaints but with leukocytosis and a five-fold increase in levels of aminotransferases, amylase, and lipase. A thoracoabdominal computed to−mography (CT) scan showed linear opaci−fication with infarction of the common hepatic artery (Fig. 2 a), its right branch, and some splenic branches (Fig. 2 b), with a het−erogeneous area in the spleen (Fig. 2 b) and in the pancreatic head (Fig. 3) highly suggestive of infarction lesions. The patient started treatment with an intravenous broad−spectrum ant‐biotic, along with nutritional support measures, and the liver test parameters improved considerably. Blood cultures failed to isolate any bacterial strain. The patient was discharged on day 15. Six−month imaging follow−up showed re−markable improvement.

Bleeding peptic ulcer is still the main cause of upper gastrointestinal hemorrhage [1]. Several endoscopic hemostatic methods with similar efficacy are currently available [1]. The use of NB2C, a successful and well−established substance used in variceal hemorrhage, is still controver−sial in the context of bleeding peptic ulcer [2, 3]. Encouraging results have shown it to have good hemostatic efficacy when conventional endoscopic techniques have failed to control bleeding [2, 3]. However, it has been associated with severe embolization with infarction [2, 4, 5]. The present case highlights a potential adverse ef−fect of cyanoacrylate use.

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