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 anteroposterior bulb wall with pulsatile bleeding. This was initially injected with epinephrine and fibrin glue (as it was a deep ulcerated lesion). When this failed to stop the bleeding, we used a 1 : 0.6 mixture of N-butyl-2-cyanoacrylate (NB2C; Histocryl) and lipiodol, which did stop it. At second-look endoscopy, a large pulsatile vessel was still present (Fig. 1a), which was permanently occluded after a second NB2C application (Fig. 1b). 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 tomography (CT) scan showed linear opacification of the common hepatic artery (Fig. 2a), its right branch, and some splenic branches (Fig. 2b), with a heterogeneous area in the spleen (Fig. 2b) and in the pancreatic head (Fig. 3) highly suggestive of infarction lesions. The patient started treatment with an intravenous broad-spectrum antibiotic, 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 remarkable improvement.

Bleeding peptic ulcer is still the main cause of upper gastrointestinal hemorrhage [1]. Several endoscopic hemostatic methods of similar efficacy are currently available [1]. The use of NB2C, a successful and well-established substance used in variceal hemorrhage, is still controversial 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 effect of cyanoacrylate use.

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