Case Report

Tandem oral, rectal, and nasal administrations of Ankaferd Blood Stopper to control profuse bleeding leading to hemodynamic instability

Abstract

Ankaferd Blood Stopper (ABS) (Ankaferd Health Products Ltd., Istanbul, Turkey) is a standardized unique combined medicinal plant extract, which has been approved in the management of postsurgery dental bleeding and external hemorrhage in Turkey [1]. ABS induces a very rapid formation (<1 second) of a specific hemostatic protein network within vital erythroid aggregation in the injured vascular area [1]. The data on the efficacy of ABS in gastrointestinal (GI) system bleeding is limited to case reports only [2-4]. Here, we present a patient with a severe GI mucosal bleeding and nasal hemorrhage leading to hemodynamic instability, which was successfully controlled via the topical application of high-dose ABS.

A 69-year-old man was admitted into our intensive care unit because of hemorrhagic shock. One month ago, he was hospitalized to uncover the etiology of his jaundice and diagnosed with a Klatskin tumor. He had severe coronary artery disease and his tumor was inoperable. Then, endoscopic biliary decompression was performed with a sphincterotome, plastic stent placement, and nasobiliary drainage. During the inpatient period, about 3 weeks after endoscopic intervention, he had an episode of massive hematemesis and hematochezia accompanied by hypotension (60/40 mm Hg). His laboratory values were as follows: hemoglobin level, 6.1 g/dL (after a loss of 4 U blood); platelet, $259 \times 10^3/\mu L$, activated partial thromboplastin time, 67.2 seconds; prothrombin time, 33.0 seconds. Emergent upper GI endoscopy showed dark clots and coffee-ground blood in the stomach. The gastric mucosa was hyperemic and edematous with multiple millimetric ulcers. There was another ulcer 1 cm in size at the bulb of duodenum with no active bleeding. No oozing blood was observed at the sphincterotomized papilla. Colonoscopic evaluation was insufficient because of the blood in the lumen interfering with the vision. No site of active bleeding could be shown in selective mesenteric angiography. The patient was still hypotensive...
despite the administration of intravenous fluid, dopamine, erythrocyte suspension, and fresh frozen plasma (Fig. 1). After obtaining informed consent regarding the experimental nature of ABS as means of attaining hemostasis, a total of 100 mL ABS solution was administered by oral and rectal route. An enema set was used for the rectal administration. No sign of bleeding was observed in the following days except for the intermittent evacuation of small volumes of blood with dark clots and several episodes of epistaxis. The patient was hemodynamically stabilized with an obviously decreased requirement for erythrocyte suspension and blood products (Fig. 1), and dopamine was stopped. The first 2 episodes of nasal bleeding could be handled by nasal sponge tampon and topical adrenalin. However, the last epistaxis attack could only be stopped by nasal sponge tampon together with the topical administration of 8 mL ABS solution, and epistaxis never again recurred after that combined approach (Fig. 1).

Gastrointestinal bleeding and multifocal hemorrhages leading to hemodynamic instability are sometimes a real diagnostic and therapeutic challenge as in our patient. The effective management of the bleeding problem is particularly required in patients with hereditary and acquired hemorrhagic diathesis including neoplasia and the use of anticoagulant, antihemostatic drugs [5]. ABS, a standardized mixture of five plants, provides immediate hemostasis. A study showed that its effect is not dependent on individual coagulation factors and platelets [1]. Its hemostatic success in primary and secondary hemostatic defects has been supported with in vivo and vitro observations [1-4]. Neither any local adverse effect nor systemic toxicity was observed after the topical high-dose application of ABS. Controlled clinical studies should be performed regarding the efficacy of ABS in the controlling of emergency bleeding.

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