Successful Application of Ankaferd Blood Stopper in a Patient with Lower Gastrointestinal Bleeding

Sir,

We read with interest the report by Ozaslan *et al*.[1] regarding the successful use of ankaferd blood stopper (ABS) in four patients with gastric and duodenal variceal bleeding. We think that this observational study is of great importance, because despite recent improvements in endoscopic hemostatic and adjuvant pharmacologic treatments, variceal upper gastrointestinal bleeding (GIB) is still a major cause of mobidity and mortality with a reported incidence of 15%–20%.[2] For that reason, additional development of effective hemostatic interventions for the therapeutic armamentarium of GIB which is safe, easily applicable and effective in difficult or intolerant patients are eagerly awaited. Although there is a growing body of evidence for the successful use of ABS in upper GIBs, there is still a lack of data of ABS application in patients with lower GIB. Herein we would like to report a case of rectal carcinoma with oozing bleeding from tumoral surface, in which bleeding control was achieved with ABS application.

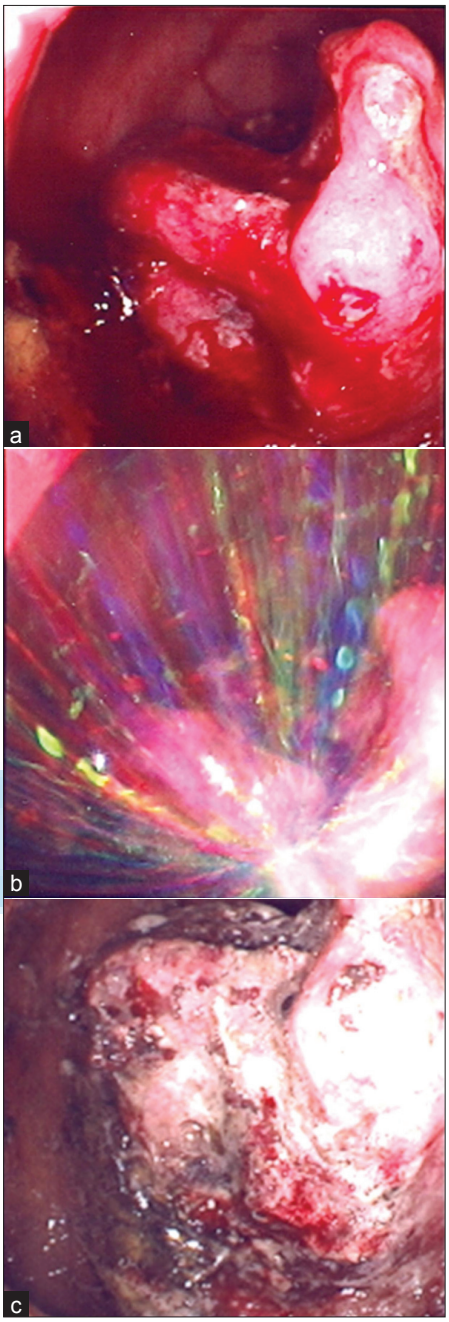

Figure 1: Endoscopic view of the patient with rectal carcinoma showing (a) bleeding from mucosal surface, (b) Ankaferd blood stopper spraying topically over the site of bleeding, (c) The bleeding site was covered by the hemostatic network related with the ABS application and hemorrhage was stopped

A 66-year-old male was admitted to our tertiary referral center for rectal bleeding over a six months period. He had no previous medical problems, and was receiving no medications. A left-sided colonoscopy revealed actively bleeding vegetative hemorrhagic mass at 4 cm from the

anal verge. Approximately 5 ml of ABS solution was applied on the bleeding areas by using a disposable washing pipe (Model PW-205 L, Olympus Corporation, Tokyo, Japan), which resulted in immediate control of bleeding [Figure 1]. The procedure was terminated after achieving a rapid and effective haemostatic response. Neither local nor systemic toxicity was observed during or following ABS application.

ABS is a herbal extract that comprises a fixed proportion of five different plants, *Thymus vulgaris*, *Glycyrrhiza glabra*, *Vitis vinifera*, *Alpinia officinarum*, and *Urtica dioica*. ABS represents its local hemostatic effect by formation of a unique protein network that acts as an anchor for vital physiological erythrocyte aggregation, otherwise known as the "ABS-web".[3] Although current literature data suggest promising results of successful ABS applications in various GIBs,[4-7] there is only one report in literature that shows the efficiency of ABS in patients with neoplastic lower GIB.[4] For that reason we think that our case is important because of providing additional data for demonstrating safety and efficiency of ABS especially in GIB due to tumoral origin. Furthermore, we think that it is crucial to justify the use of ABS primarily and/or adjuvant to conventional endoscopic antihemorrhagic modalities especially in conditions like gastrointestinal tumoral lesions which have an increased rate of rebleeding.

In conclusion, it would seem, as from the case above, that ABS may have a role as an alternative or adjuvant to conventional modalities, particularly for major tumoral hemorrhages. With this respect, ABS could be a promising topical hemostatic agent significantly contributing to the currently available conventional endoscopic hemostatic techniques in distinct states of `difficult-to-treat` gastrointestinal hemorrhages.

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