

SUCCESSFUL MANAGEMENT of BLEEDING DUE TO SOLITARY RECTAL ULCER VIA TOPICAL APPLICATION of ANKAFERD BLOODSTOPPER*

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*J Altern Complement Medical 2008(in press)

A 64-year-old-woman admitted to our department with the complaints of constipation and intermittent rectal bleeding. She had hypertension and type 2 diabetes mellitus and routinely took metformin, acetylsalicylic acid and losartan/hydrochlorothiazide. In the colonoscopy a 1 cm wide based rectal polyp was observed near the dentate line (April 28, 2008). After the injection of adrenalin solution to the submucosa beneath the polyp it was removed by a single transection with the snare. The histology was reported as a solitary rectal ulcer. Nevertheless rectal bleeding episodes continued. Rectal ulcer and hemorrhage was observed at the side of polypectomy in the flexible rectosigmoidoscopy

(May 5, 2008) (Figure 1A). 10 ml of Ankaferd BloodStopper was topically applied onto the ulcer through a disposable washing pipe (model: PW-205 L, Olympus corporation, Japan). It may result in a gray color change on gastrointestinal mucosa (Figure 1B). The bleeding was stopped within two to three seconds. There was no post-procedural bleeding. The ulcer was appeared to be coated by a white exudate in the control visit and the discoloration of the rectal mucosa had also been resolved (May 13, 2008) (Figure 1C). Suppository treatment including 250 mg 5-aminosalicylic acid was initiated. One month after the ulcer healed completely (June 13, 2008) (Figure 1D).

