

[PICTURES IN CLINICAL MEDICINE]

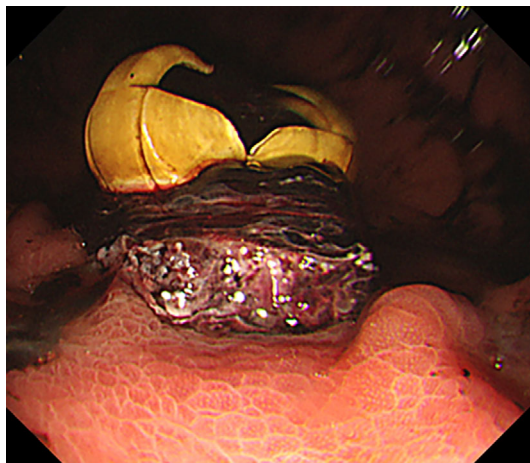
Delayed Bleeding Following Percutaneous Endoscopic Gastrostomy Successfully Treated with PuraStat[®]

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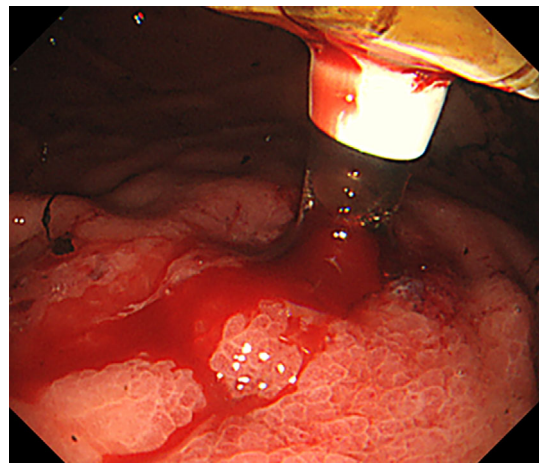
Key words: percutaneous endoscopic gastrostomy, delayed bleeding, hemostasis

(Intern Med 62: 487-488, 2023)

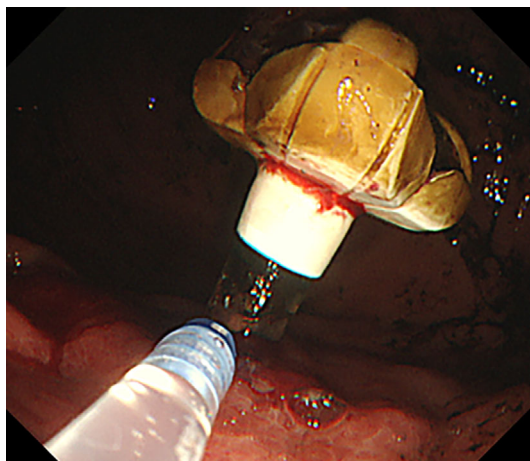
(DOI: 10.2169/internalmedicine.9746-22)



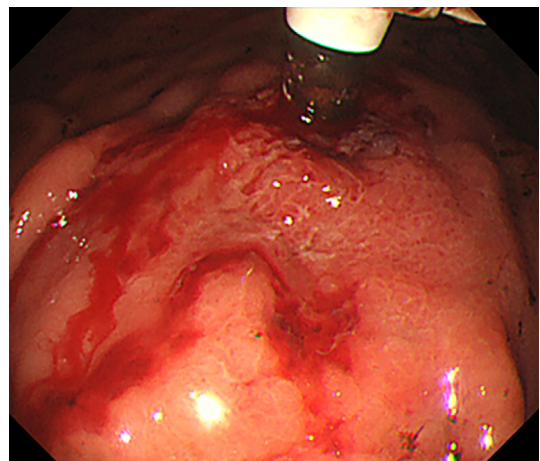
Picture 1.



Picture 2.



Picture 3.



Picture 4.

A 64-year-old man was referred for percutaneous endoscopic gastrostomy (PEG). He had been on antiplatelet therapy with cilostazol. PEG was performed with cilostazol withdrawn. Hematemesis occurred the next day with evi-

dence of mild anemia. After compression hemostasis using the gastrostomy button, emergency esophagogastroduodenoscopy revealed a coagulum between the stomach wall and the inner bumper (Picture 1) and fistula bleeding upon its removal (Picture 2). As the point of bleeding was not identifiable with a water jet, PuraStat[®] (3 mL) was applied to the bleeding site using a dedicated catheter (Picture 3), which led to immediate hemostasis (Picture 4). Cilostazol was resumed the following day, and the patient's course was uneventful thereafter. PuraStat[®] is a novel peptide-based hemostat (1) reported to be effective for acute gastrointestinal bleeding (2). The hemostasis technique described here should illustrate how PuraStat[®] may be readily used for hemostasis in patients undergoing PEG during antithrombotic therapy.

The author states that he has no Conflict of Interest (COI).

References

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2. De Nocchi G, Reati R, Arena I, et al. Efficacy of a novel self-assembling peptide hemostatic gel as rescue therapy for refractory acute gastrointestinal bleeding. *Endoscopy* **52**: 773-779, 2020.

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