

Submucosal fibrin adhesion - Early elective therapy for treatment of peptic ulcer bleeding. [German]

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Abstract:

Submucosal fibrin adhesion together with the concept of close endoscopic follow-up and postadhesions for treatment of persisting stigmata has proved an effective therapy of ulcer hemorrhage, improving all main criteria. The main advantage is that repeated adhesions do not lead to tissue destruction, on the contrary, an enhancement of the wound healing mechanisms can be observed. At the initial session several fibrin clots should be applied, because the aim of fibrin adhesion is not only to achieve the hemostasis, but additionally, a clear endoscopic improvement must be achieved that means: vessel thin, clots around, ulcerground swollen. Repeated applications of fibrin glue should be done during the follow-up period - at least daily - to avoid the rebleeding, until the stigmata have disappeared and the ulcerground is clean. Preconditions of this new method are: The endoscopic staff must be well experienced and trained in carefully handling both the DUO-probe and the adhesive and strict maintenance of the concept with close endoscopic controls (daily!) and repeated fibrin adhesions, this way offering a new way of prophylactic treatment of the persisting stigmata to avoid the rebleeding.