

Endoscopic hemostasis with fibrin glue for refractory postsphincterotomy and postpapillectomy bleeding.

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Abstract:

BACKGROUND: Bleeding is a feared complication of endoscopic sphincterotomy and papillectomy. Fibrin glue has been proposed as an effective adjunct in securing hemostasis. However, its use has been limited by the risk of early occlusion of the injecting needle, and its role has not been defined in the setting of refractory post-ERCP bleeding. We present a modified technique of endoscopic hemostasis with diluted fibrin glue in the setting of postsphincterotomy and postpapillectomy bleeds.

OBJECTIVE: We aimed to verify that diluted fibrin glue can be easily and successfully injected and is effective in the endoscopic treatment of refractory post-ERCP bleeding.

DESIGN: Case series.

SETTING: A tertiary-care academic medical center.

PATIENTS: Six patients with refractory post-ERCP bleeding were treated (3 after sphincterotomy and 3 after papillectomy) with fibrin glue injection.

INTERVENTION: Endoscopic hemostasis with diluted fibrin glue injection.

MAIN OUTCOME MEASUREMENTS: Successful endoscopic hemostasis with diluted fibrin glue

injection.

RESULTS: One session of fibrin glue injection stopped the refractory post-ERCP bleeding in all 6 patients.

LIMITATION: Small number of patients.

CONCLUSION: This case series provides evidence that our modified injection technique of diluted fibrin glue allowed an easy submucosal injection and may be considered to be an effective endoscopic modality to treat refractory post-ERCP bleeding.

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