

[Fibrin sealing, a concept for early elective endoscopic therapy].

[Review] [42 refs] [German]

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Abstract:

The technique of fibrin adhesion is a standard haemostatic procedure which uses a two-component adhesive consisting of highly concentrated fibrinogen and thrombin, which when mixed, form a fibrin clot via the third phase of the blood coagulation cascade, and thereby induce tissue-reparative mechanisms. In a new endoscopic procedure for the treatment of bleeding ulcer, the components of the fibrin adhesive are simultaneously injected into the tissue beneath and around the lesion where they form a mechanically resilient and stable fibrin clot. This clot is firmly anchored into the tissue. In contrast to other injection methods, this "bioidentical" type of procedure can be safely repeated, allowing multiple injections to be applied to achieve increased stability and better control. Supported by a scheme of close follow-up endoscopic examinations permitting any number of subsequent therapeutic and prophylactic injections to be given for persistent bleeding stigmata, the new treatment method proves to be not only particularly suitable for preventing rebleeding but, for the first time, also enables the limited time interval after initial haemostasis to be used for genuine prophylactic therapy, hence "early elective" prophylaxis. For the patient this prophylactic form of endoscopic therapy has the advantage that emergency surgery and potential rebleeding can be avoided, in addition to which there is a clear cost-to-benefit advantage as the patients usually can be treated as outpatients or day patients, and at least with a definite reduction in hospital stay. The following report describes this new treatment concept. [References: 42]