Delayed Bleeding Following Percutaneous Endoscopic Gastrostomy Successfully Treated with PuraStat®

Kimitoshi Kubo

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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 PEG was performed with cilostazol withdrawn.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 A) and fistula bleeding upon its removal (Picture B). 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 C), which led to immediate hemostasis (Picture D). 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.

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References