

INTRODUCTION

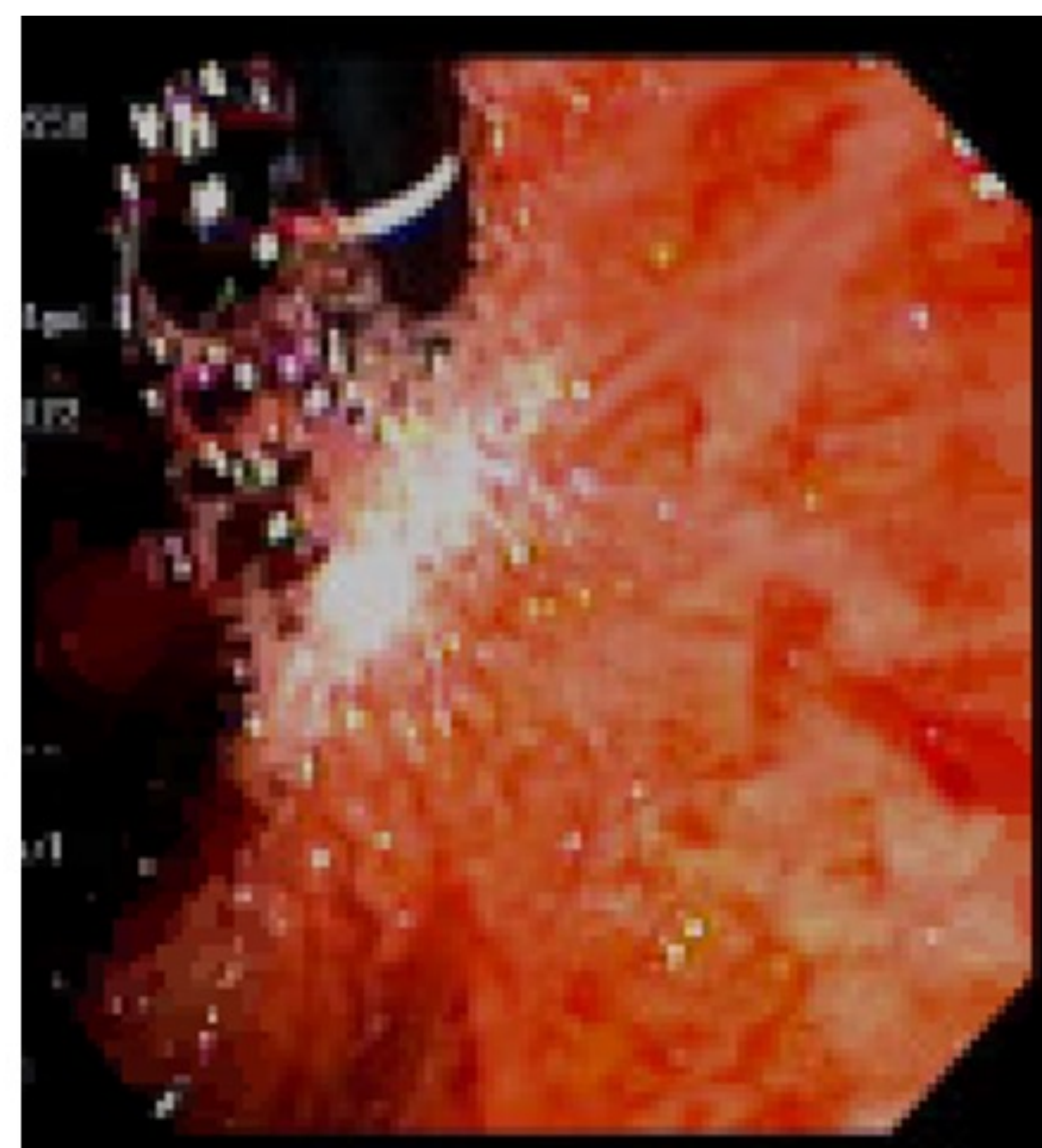
- Hemostatic spray is a non-contact endoscopic tool that utilizes inert bentonite powder to achieve hemostasis in an acute gastrointestinal hemorrhage.
- To date, reports of adverse effects following this treatment have been rare. We report an unusual complication of a failed endoscope withdrawal after use of hemostatic spray.



- Patient was subsequently intubated for airway protection.
- Attempts to retroflex and spray water, to dilute the hemospray were limited by scope mobility.
- Attempts to torque, withdraw or advance the scope resulted in increased bleeding.
- The GI team at a tertiary hospital was able to remove the scope 6 hours later, with scope traction and only encountered mild resistance

CASE PRESENTATION

- 43-year-old female, with past medical history of significant alcohol use, presented to the ED with large volume hematemesis.
- EGD revealed large amount of bright red blood in the cardia and gastric fundus, with active bleeding following a clot removal.
- Hemospray was applied in a retroflex direction, aimed at the active bleeding. Hemostasis was achieved after multiple sprays.
- The endoscope could not be withdrawn after and adhered at the level of the GE junction by the spray coating.



DISCUSSION

- The strong adherence between the mucosal surface and surface of endoscope by the bentonite powder likely inhibited endoscope movement, leading to failure of withdrawal of the scope.
- The slow elimination of hemospray after a few hours likely made scope removal easier.
- Our case not only reports this rare potential complication of hemospray, but also highlights that safe removal may be possible after 6 hours per-oral without endoscopic visualization