

## Introduction

TC-325 hemostatic powder (Hemospray) is a mineral-based topical agent that acts as a mechanical barrier over a bleeding site. It is a non-invasive, safe, and effective modality in controlling active GI bleeding response.

Here, we present a case of bleeding metastatic gastric adenocarcinoma managed with Hemospray after the failure of standard endoscopic therapy.

## Case Description

A 64-year-old male presented to the emergency room (ER) for symptomatic anemia. His hemoglobin was 4.6 g/dL. Initial CT imaging showed gastric cardia lesion with multiple hepatic metastases.

EGD showed a gastric cardia lesion with oozing blood from multiple sites (Fig: 1a). Endoscopic ultrasound with fine needle aspiration, showed atypical cells.

The patient continued to have melena requiring transfusions. CT angiogram was performed and came back negative. Surgery was consulted but unfortunately, patient was not a candidate for Partial gastrectomy due to peritoneal carcinomatosis.

## Images

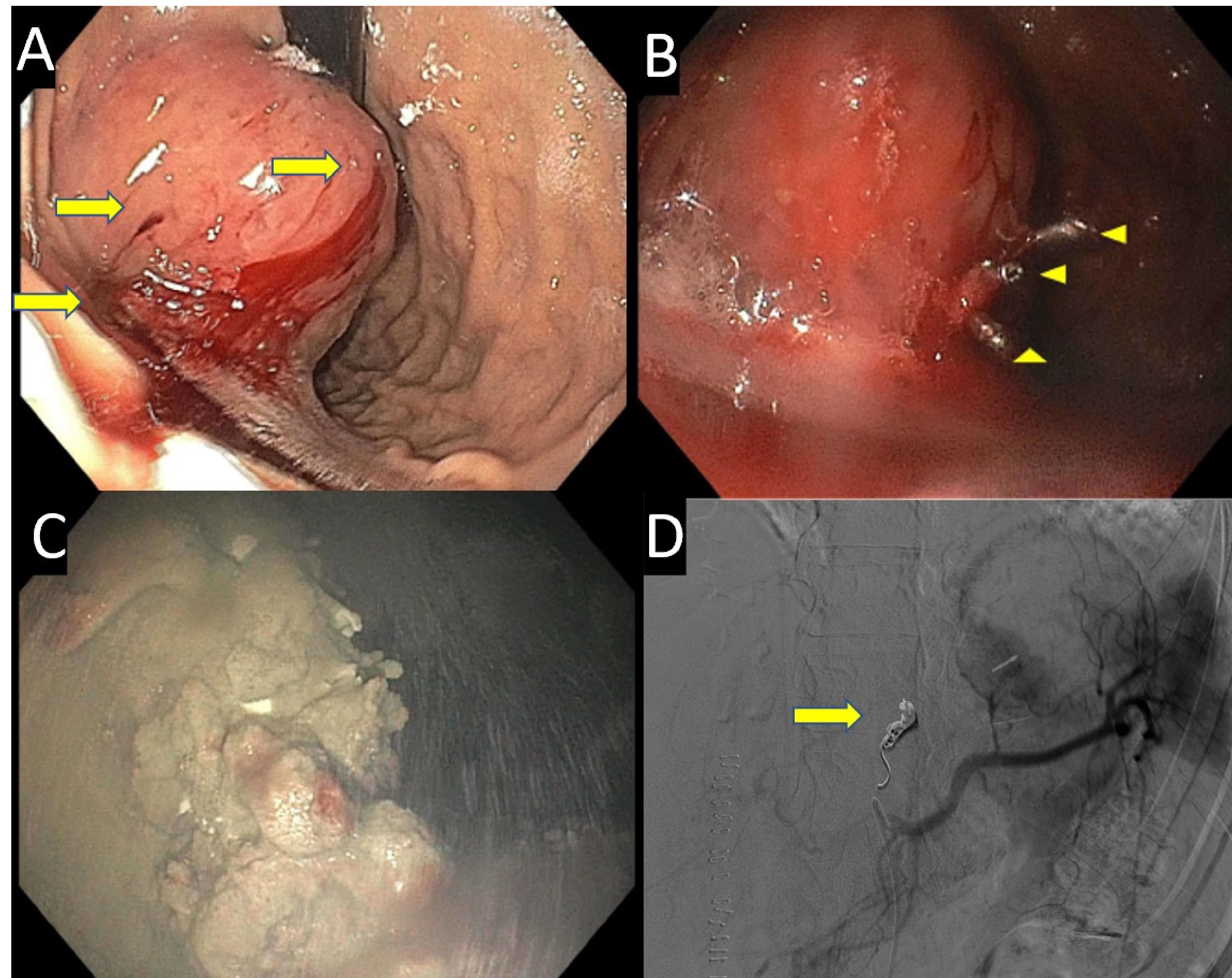


Figure: 1A -Submucosal gastric fundal mass distal to gastroesophageal junction with blood oozing from multiple sites (arrows), 1B - Image showing endoscopic hemostatic clips placement (arrowheads), 1C - Hemospray over the Gastric Mass after unsuccessful attempts using standard-of-care hemostatic methods, 1D - Showing embolization of the left gastroepiploic artery

## Case Description Cont..

Repeat EGD with Endoscopic hemostasis using epinephrine and clips failed (Fig: 1b). Hemospray was deployed (Fig: 1c) with an immediate response.

Later patient underwent left gastric artery embolization (Fig: 1d), liver biopsy and peritoneal node sampling that suggested metastatic adenocarcinoma with primary gastric malignancy. The patient and his family opted for palliative care and was discharged

## Discussion

Gastric cancer accounts for 2-8% of overall UGIB and 58% bleeding risk compared to other GI malignancies. There are no specific guidelines and only limited evidence was available on managing malignancy related UGIB.

Nonresponsive, inoperable metastatic gastric cancer bleeding is challenging and extremely difficult to manage using conventional hemostasis techniques.

Based on our case, we recommend utilizing Hemospray as a first line, monotherapy or in combination to control bleeding until a definitive treatment, reducing morbidity and mortality.

### Contact

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