Letters to the Editor

Topical Ankaferd hemostat for the management of clinical bleeding plus hemorrhagic diathesis

To the Editor,

We read with great interest the review article by Drs Wong Kee Song and Baron.1 They discussed brilliantly the approach to procedurally induced bleeding, particularly during endoscopic interventions. Patients with hemorrhagic diathesis or the anticoagulated patients undergoing endoscopic interventions represent a further clinical challenge. Bleeding risk associated with hemorrhagic diathesis and tissue damage due to endoscopic intervention has increased. Management of this clinical state is usually difficult. Typical bleeding-prone cases such as dental extractions, colonoscopy, and colon resection have been treated using standard hemostatic methods.2

The authors mentioned a novel topical hemostatic agent of plant origin, namely Ankaferd hemostat (ABS), in their review. Although the statement about ABS is completely true, the cited reference [15] seems to be improper.1 We would like to point out the recent experience with ABS for the management of clinical bleeding plus hemorrhagic diathesis.3–7 ABS affects cellular hemostasis via vital erythrocyte aggregation and formation of a protein network with fibrinogen gamma and prothrombin.3,8 Therefore, ABS is effective in both bleeding individuals with normal hemostatic parameters and patients with deficient primary and/or secondary hemostasis.3,7 Controlled clinical trials indicated the safety and efficacy of ABS for the topical management of a wide variety of bleeding problems. Cakarer and coworkers2 disclosed the hemostatic effects of ABS during dental extractions in patients on antithrombotic therapy. Likewise, ABS is a very useful agent for the management of gastrointestinal bleeding and many other symptoms with or without bleeding diathesis.3,4 The ability of ABS to induce the formation of a protein network not only makes it an effective hemostatic agent, but also confers anti-infective, antineoplastic, and healing modulator properties to the extract. Future controlled studies are needed to shed further light on the expanding spectrum of ABS effects in hemostasis and related areas.

Conflict of interest

The authors declare no potential conflicts of interest.

References


Response to letter “Topical Ankaferd hemostat for the management of clinical bleeding plus hemorrhagic diathesis” by Purnak et al.

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We appreciate the interest of Purnak et al. regarding our manuscript on managing procedure-related bleeding.1 We agree that bleeding in the setting of underlying bleeding diathesis is particularly difficult to manage and also appreciate the insight into the use of the ankaferd hemostat (ABS) as a topical therapy in this setting. Unfortunately, this agent is not available to all endoscopists.
since it is not approved in many countries. As we mentioned, other
topical hemostatic agents are currently being evaluated and may
also be useful for managing procedural-related bleeding in the
setting of underlying coagulopathies. With the advent of newer
antithrombotic agents, such topical therapies are increasingly
important, since the new, non-Vitamin-K anticoagulants are not
reversible.2,3 Additionally topical therapy is preferred to complete
reversal of anticoagulation due to the risk of serious systemic throm-
boembolic complications, especially in the setting of mechanical
heart valves. Additional studies using topical agents for bleeding
in the setting of bleeding diatheses are eagerly awaited, especially
when anticoagulants and antiplatelet agents are not rapidly and
completely reversed.

References

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