HEMOSPRAY IN THE TREATMENT OF VARICEAL BLEEDS: OUTCOMES FROM THE INTERNATIONAL HEMOSPRAY REGISTRY

Introduction Early treatment for variceal bleeding is recommended within 12 hours to improve outcomes. Endoscopic therapy in acute variceal bleeding can be technically difficult and not always successful and a bridge is sometimes required towards definitive therapy. Aim of this study was to look at outcomes in patients with upper gastrointestinal bleeds (UGIB’s) secondary to varices.

Methods Data was collected prospectively (Jan’16–Nov’19) from 16 centres in the USA, UK, Germany and Spain. Hemospray was used during emergency endoscopy for a variceal UGIB as a monotherapy, dual therapy or rescue therapy once standard methods have failed. Haemostasis was defined as cessation of bleeding within 5 minutes.

Results 12 patients had Hemospray treatment following a variceal UGIB (10 male, 2 female). 10 oesophageal varices, 2 gastric varices. The median Rockall was 8 (IQR, 7–8). The median Blatchford was 15 (IQR, 13–17).

The immediate haemostasis rate was 75%. There were no re-bleeds. 4 patients were treated with Hemospray monotherapy, 3 with combination therapy and 3 with rescue therapy. Hemospray was always given after oesophageal banding/infusion sclerosis in the combination/rescue therapy cohorts. 4/9 patients died within 7 days, 3 out of these 4 patients did not achieve initial haemostasis with Hemospray.

Outcomes in the Hemospray subgroups (table 1).

Conclusions The immediate haemostasis rate was 75% in variceal UGIBs following treatment with Hemospray. In this cohort there is no re-bleeding. This suggests that Hemospray may play a role as bridging therapy in variceal bleeds which are difficult to control, towards repeat definitive therapy.
There were no adverse events associated with Hemospray.

Outcomes in the Hemospray treatment subgroups (table 1).

Conclusions Hemospray is safe and effective in LGIB’s with 92% haemostasis rates, with better outcomes as a Monotherapy. Anticoagulants have an effect on haemostasis rates (78% vs 100%). Lower GI bleeds are difficult to treat. Hemospray is an effective alternative in situations where access is difficult and there is a large surface of bleeding.

Outcomes in different UGI pathologies (table 1).

Conclusion There were high immediate haemostasis rates following treatment of non-variical UGIBs. The better outcomes were when Hemospray was used in UGIB’s post endotherapy, malignancy and Angiodysplasia. In malignancies it can bridge towards surgery/chemoradiotherapy, and post endotherapy it can provide definitive haemostasis with low re-bleed rates.