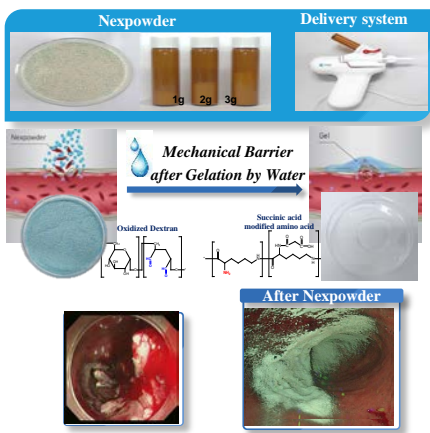




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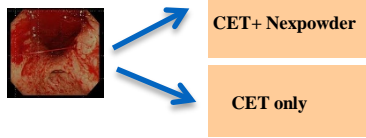
### A Background

- Even conventional endoscopic hemostasis is primary treatment of gastrointestinal bleeding, it is sometimes difficult since it needs sophisticated targeting, and experienced skills.
- Nexpowder (Nextbiomedical CO., Incheon, South Korea) is a newly developed endoscopic hemostatic powder generating gelation effect on bleeding focus.

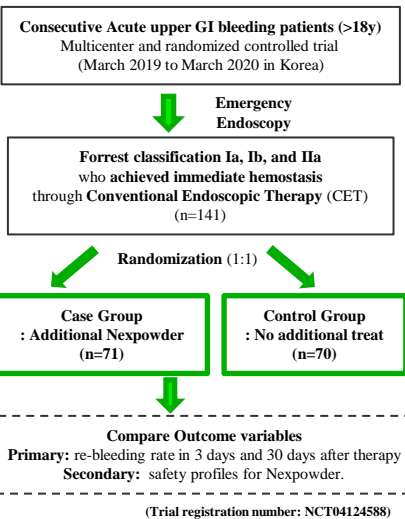


### B Aim

**Compare re-bleeding risk (3 day, 30 day)!**



### C Method



- Inclusion Criteria**  
 Consecutive patients (>18 years) with acute UGIB  
 Forrest classification Ia, Ib, and IIa  
 achieved immediate hemostasis through (CET)
- Exclusion Criteria**  
 Uncorrected coagulopathy  
 Continuous anticoagulant or aspirin  
 Pregnant and lactating women  
 Endoscopic treatment is contraindicated due to comorbid diseases,  
 Participants who participated any other clinical trial

### D Result

**Table 1. Baseline characteristics**

	Case Group (n=71)	Control Group (n=70)	P
Enrolled hospital			0.08
GMC, n(%)	43(60.6%)	45(64.3%)	
IH, n(%)	12(16.9%)	11(15.7%)	
SCH, n(%)	16(22.5%)	14(20.0%)	
Age, mean±SD	64.7±13.9	63.5±14.6	0.64
Female, n(%)	15(21.1%)	21(30.0%)	0.31
Height, mean±SD	166.3±8.5	165.1±9.2	0.41
Weight, mean±SD	63.2±15.3	63.2±12.0	0.97
Systolic BP, mean±SD	121.5±16.8	118.9±19.4	0.39
Diastolic BP, mean±SD	70.0±10.9	71.1±12.8	0.56
Pulse, mean±SD	81.1±16.7	83.6±14.0	0.33
Temperature, °C, mean±SD	36.7±0.4	36.7±0.4	0.99
RR	19.2±3.6	19.1±1.9	0.53
GBS score	10.2±4.2	10.9±3.9	0.27

Abbreviation: GMC, GI medical center; IH, Inha medical center; SCH, Soonchunhyang medical center; SD, standard deviation; BP, blood pressure; RR, respiratory rate; GBS, Glasgow-Blatchford bleeding score

**Table 2. Endoscopic findings between groups**

	Case Group (n=71)	Control Group (n=70)	P
Ulcer type (%)			0.90
Forrest Ia, n(%)	11(15.5%)	12 (17.1)	
Forrest Ib, n(%)	40(56.3%)	43(61.4%)	
Forrest IIa, n(%)	20(28.2%)	15(21.4%)	
Cause of bleeding			0.22
Gastric ulcer	53(74.6%)	49(70.0%)	
Duodenal ulcer	18(25.4%)	21(30.0%)	
Site of bleeding			0.33
Upper body	16(22.5%)	22(31.5%)	
Lower body	14(19.7%)	10(14.3%)	
Antrum	23(32.4%)	17(24.3%)	
Duodenum	18(25.4%)	21(30.0%)	
Endoscopic bleeding control method before randomization			0.42
Epinephrine	9(12.7%)	6(8.6%)	
Hemoclipping	10(14.1%)	12(17.1%)	
Forcep	32(45.1%)	27(38.6%)	
Hemocoagulation	16(22.5%)	20(28.6%)	

**Table 3. Comparison for re-bleeding risk between case and control group**

	Case Group (n=71)	Control Group (n=70)	P
3day re-bleeding case, n (%)	3 (4.2%)	11(15.7%)	0.02
30day re-bleeding case, n (%)	3(4.2%)	5(7.1%)	0.70

- During study and follow up period, there was no adverse event regarding Nexpowder

### E Conclusion

- Nexpowder application with conventional endoscopic therapy(CET) was safe and effective in achieving acute and subacute hemostasis for UGIB as compared to those of CET only group
- Nexpowder application during CET might be promising choice for physicians to care in acute emergent UGIB setting.

### F Disclosure of Conflicts of Interest

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