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**Multicentre randomised controlled trial of a self-assembling haemostatic gel to prevent delayed bleeding following endoscopic mucosal resection (PURPLE Trial)**

**Drews J, Zachäus M, Kleemann T, et al. Multicentre randomised controlled trial of a self-assembling haemostatic gel to prevent delayed bleeding following endoscopic mucosal resection (PURPLE Trial). Gut 2025; 74(7): 1103-1111. doi: 10.1136/gutjnl-2024-334229.**

This multicentre, randomised controlled trial evaluated whether prophylactic application of a haemostatic gel (Purastat) reduces the risk of clinically significant delayed bleeding (CSDB) following endoscopic mucosal resection (EMR) of large colorectal (≥20 mm) and duodenal (≥10 mm) lesions. Conducted across 15 German centres, the trial enrolled 234 patients who underwent hot-snare EMR and were randomised to either gel application or no gel post-procedure. The primary endpoint was CSDB within 30 days, defined by objective clinical and laboratory criteria.

The study was terminated early for futility after an interim analysis, with 94.4% of the planned sample recruited. CSDB occurred in 11.7% of patients in the gel group and 6.3% in the control group (p=0.227), showing no statistically significant difference. Subgroup analyses for colorectal and duodenal EMR similarly demonstrated no benefit of gel application. Furthermore, the haemostatic gel had no observed effect on wound healing assessed during follow-up endoscopy 8-10 weeks later.

Roughly half of all patients received endoscopic haemostasis (clipping and/or coagulation) before randomisation, but even in those who did not, the gel did not significantly reduce bleeding rates. Adverse events were similar between groups, and the gel was well tolerated.

Drews et al., conclude that prophylactic use of Purastat haemostatic gel does not prevent delayed bleeding after large EMR in the colon or duodenum. These findings suggest that gel application should not be routinely used for bleeding prevention in this context.