

GASTROINTESTINAL BLEEDING

Aspirin may reduce mortality in patients with peptic ulcer bleeding

Continued use of aspirin in patients with cardiovascular disease who develop peptic ulcer bleeding increases the risk of rebleeding after endoscopic hemostasis, but potentially reduces mortality, report Joseph Sung and colleagues.

Many individuals with cardiovascular disease take aspirin to guard against vascular thrombotic events. Some of these individuals develop aspirin-induced ulcer bleeding that requires endoscopic hemostasis. Standard practice after therapeutic endoscopy is to withdraw aspirin until the ulcer is healed. However, this period of discontinuation increases the risk of death from cardiovascular events.

The results of this study from the Institute of Digestive Disease, Hong Kong, are important given the uncertainty about the use of aspirin in this setting; the risks and benefits of continued aspirin use must be carefully balanced for these patients.

156 patients with cardiovascular disease, a history of aspirin use, and acute peptic ulcer bleeding were randomly allocated to receive placebo or low-dose aspirin (80 mg per day) for 8 weeks. All patients received concomitant PPI therapy. Recurrent bleeding was higher in patients on aspirin than on placebo (10.3% versus 5.4%), but fewer patients on aspirin died (1.3% versus 12.9%).

Despite the fairly small sample size and the fact that some deaths in the placebo group would not normally be prevented by aspirin, the authors recommend that “Early resumption of low-dose aspirin therapy with [PPIs] in patients with bleeding ulcers and cardiovascular diseases should be considered.”

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Original article Sung, J. J. et al. Continuation of low-dose aspirin therapy in peptic ulcer bleeding, a randomized trial. *Ann. Intern. Med.* **152**, 1–9 (2010)