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Summary

TIMING OF ANTICOAGULATION RESUMPTION AFTER GASTROINTESTINAL BLEEDING: A COHORT STUDY OF 218 PATIENTS

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Oesophagus

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A prospective multicenter registry study of 218 patients found that resuming anticoagulation within seven days after gastrointestinal bleeding was not associated with increased rebleeding risk compared to delayed resumption beyond seven days.

KEY POINTS

- Early anticoagulation resumption (≤7 days) showed similar 30-day rebleeding rates to delayed resumption (>7 days): 6.7% versus 5.3%, with no statistically significant difference (HR=1.26, p=0.76)
- Delayed resumption did not reduce 90-day thromboembolic complications, which occurred in 6.6% of delayed versus 2.1% of early resumption patients (HR=3.17, p=0.18)
- Only one recurrent GIB-related death occurred at 30 days (in the early group), and no thromboembolic-related deaths were observed during follow-up
- Baseline characteristics were similar between groups except for CHA2Ds2-VASc scores, which were higher in the early resumption group (5.19 versus 4.37, p=0.02)
- The authors conclude these findings support current European guideline recommendations for early anticoagulation resumption and call for further research stratified by bleeding source and anticoagulant type

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