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Summary

ABLATION OF ANGIODYSPLASIA WITH ARGON PLASMA COAGULATION DURING DEVICE ASSISTED ENTEROSCOPY DOES NOT REQUIRE DISCONTINUATION OF ANTIPLATELETS OR ANTICOAGULANTS

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A retrospective study of 78 device-assisted enteroscopy procedures with argon plasma coagulation for small bowel angiodysplasia found no immediate or late complications regardless of whether patients continued anticoagulant or antiplatelet therapy.

KEY POINTS

- In 78 procedures on 68 patients (mean age 71, 62% male), 36 patients were on blood thinners at the time of the procedure, including 17 on oral anticoagulants, 23 on aspirin, and 11 on clopidogrel, with blood thinners not routinely discontinued.
- Angiodysplasia were multiple in 86% of cases and large in 63%, with similar proportions of large lesions and active bleeding signs between blood thinner and control groups.
- No immediate or late complications occurred in any group, including those on anticoagulants or antiplatelets.
- Clips were used adjunctively in 9% of cases, with a non-significant trend toward more frequent use in patients not taking anticoagulants (7/61 vs 0/17, p=0.14).
- The authors conclude the data provides evidence that anticoagulants and antiplatelets do not have to be interrupted for treatment of small bowel angiodysplasia with argon plasma coagulation during device-assisted enteroscopy.

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