

USEFULNESS AND SAFETY OF OCTREOTIDE IN GASTROINTESTINAL BLEEDING FROM ANGIODYSPLASIAS IN THE ELDERLY: A SINGLE-CENTER 12-YEAR EXPERIENCE

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A retrospective study of 19 elderly patients with chronic gastrointestinal bleeding from angiodysplasias treated with long-acting octreotide for at least 6 months found statistically significant increases in hemoglobin values and reduced transfusion requirements.

KEY POINTS

- Among 19 patients (mean age 74.2 years, Charlson Index 6.37) who completed at least 6 months of intramuscular long-acting octreotide therapy, hemoglobin values increased significantly at 6 months ($p=0.000$) and at 24 months in the 8 patients who continued treatment ($p=0.012$).
- Only 3 patients (15.8%) required red blood cell transfusions during the first 6 months of therapy, and just one presented with overt gastrointestinal bleeding.
- The primary outcome of normal hemoglobin ($\geq 12\text{g/dl}$) without transfusions at 6 months was achieved in 5 patients (21.7%).
- Adverse events occurred in 2 patients and led to drug suspension in only 1 patient (dysrhythmia).
- Authors acknowledge limitations including retrospective design, small sample size, and inability to isolate the individual effect of octreotide from concomitant treatments (iron supplementation in 13 patients, argon plasma coagulation in 3).

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