

ANTITHROMBOTIC THERAPY DEPICTS A DISTINCT SMALL BOWEL BLEEDING CLINICAL PATTERN: A RETROSPECTIVE COHORT STUDY

Maria Elena Riccioni

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Poster

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A retrospective study of 369 patients with suspected small bowel bleeding found that those on antithrombotic therapy were older, had more comorbidities, lower hemoglobin levels, and higher transfusion needs compared to controls, with angioectasia being the most common lesion in combined antiplatelet and anticoagulant users.

KEY POINTS

- Among 369 patients undergoing small bowel capsule endoscopy after negative bidirectional endoscopy, 95 were on antithrombotic therapy including 40 on DOACs, 35 on VKAs, and 20 on injective anticoagulants.
- Patients on antithrombotic therapy were significantly older (mean age 71-73 years) than controls (60 years) and had higher rates of diabetes and hypertension.
- Mean hemoglobin was lower in anticoagulant groups (7.9-8.0 g/dl) versus controls (9.2 g/dl), and transfusion requirement was highest in the anticoagulant group at 72.1% versus 51.9% in controls.
- DOAC users showed a significantly higher rate of active bleeding without identifiable lesions (20.0%) compared to controls (6.0%), VKA users (8.6%), and injective anticoagulant users (15.0%).
- Angioectasia was the most frequent finding in patients on combined antiplatelet and anticoagulant therapy (46.7%) compared to controls (20.2%), antiplatelet alone (21.1%), and anticoagulant alone (8.8%).

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