

RECEIVING DIRECT ORAL ANTICOAGULANTS CAN BE A RISK FACTOR FOR SEVERE BLEEDING REQUIRING BLOOD TRANSFUSIONS AFTER ENDOSCOPIC SPHINCTEROTOMY

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A retrospective study of 882 patients who underwent endoscopic sphincterotomy found no difference in overall bleeding rates between anticoagulant users and non-users, but direct oral anticoagulants significantly increased the risk of severe bleeding requiring blood transfusion.

KEY POINTS

- Blood transfusion rates were significantly higher in patients taking direct oral anticoagulants (3.9%) and antiplatelet drug combinations (6.7%) compared to other patients (0.6%).
- Multivariate analysis identified direct oral anticoagulants (OR=6.89), cerebrovascular disease (OR=18.85), and hemodialysis (OR=55.68) as significant independent risk factors for severe bleeding requiring transfusion.
- Overall post-procedure bleeding rates did not differ significantly between patients taking anticoagulants and those not taking anticoagulants.
- The study included 882 patients undergoing endoscopic sphincterotomy from January 2018 to December 2021, with anticoagulant management following Japan Gastroenterological Endoscopy Society guidelines.
- This material may be most relevant for endoscopists and gastroenterologists managing patients on anticoagulation who require biliary intervention.

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