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Summary

CHARACTERISTICS OF POST-EMR COLORECTAL BLEEDING IN THE ELDERLY: FOCUSING ON THE NEED FOR ENDOSCOPIC HEMOSTASIS

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Colorectal

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A retrospective study of 59 patients with suspected delayed bleeding after colorectal EMR found that elderly patients (75 years and older) were significantly more likely to be managed without endoscopic hemostasis compared to younger patients.

KEY POINTS

- Among 59 patients with suspected delayed bleeding after colorectal EMR, elderly patients (75+ years) were significantly more amenable to management without hemostasis compared to non-elderly patients (47.1% vs 28.5%, $p < 0.05$)
- Elderly patients had significantly higher antiplatelet drug use compared to non-elderly patients ($p < 0.05$)
- In univariate analysis, both antiplatelet medication (OR 3.66, p=0.053) and age 75 years and older (OR 3.17, p=0.054) showed trends toward association with no-hemostasis management
- The authors suggest that antiplatelet drug use may lead to small amounts of hematochezia not requiring hemostasis, and recommend considering this when deciding on endoscopic hemostasis in elderly patients with suspected delayed bleeding

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