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Summary

ANALYSIS OF DELAYED BLEEDING OF COLORECTAL ENDOSCOPIC SUBMUCOSAL DISSECTION DUE TO KINDS OF DOAC IN JAPAN, ABCD-J STUDY

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Colorectal

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A multicenter retrospective study of 1,478 colorectal endoscopic submucosal dissections under anticoagulation found dabigatran had the highest delayed bleeding rate among direct oral anticoagulants at 18.26%, while rivaroxaban was the only DOAC significantly lower than warfarin.

KEY POINTS

- Delayed bleeding occurred in 10.08% of anticoagulated cases versus 2.21% without anticoagulation across 31,968 procedures in 46 Japanese institutions from 2012 to 2021.
- Among DOACs, dabigatran had significantly higher delayed bleeding (18.26%) than apixaban (10.08%), edoxaban (7.73%), and rivaroxaban (7.21%), with only rivaroxaban significantly lower than warfarin (11.76%).
- For DOAC cases, independent risk factors for delayed bleeding were heparin exchange, rectal location, and procedure time of 55 minutes or longer.
- For warfarin cases, independent risk factors were antiplatelet combination, rectal location, and tumor size of 35 mm or larger.
- This large-scale analysis provides comparative bleeding risk data and distinct risk factor profiles for each anticoagulant type in colorectal endoscopic submucosal dissection.

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