

Oral Omeprazole in Patients Undergoing Combination Endoscopic Therapy for Bleeding Peptic Ulcers: A Prospective Double-Blind Randomized Study

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ABSTRACT

Background

Endoscopic therapies can decrease the morbidity of patients with high risk peptic ulcer. The aim of this study was to evaluate the beneficial effects of oral omeprazole therapy in patients with bleeding peptic ulcer who received combined endoscopic treatment (epinephrine injection and Argon Plasma Coagulation).

Materials and Methods

Eighty six patients with bleeding from gastric, duodenal or stomal ulcers and endoscopic stigmata of recent bleeding were enrolled in our study. All patients received injection of epinephrine (1:10,000) and also their ulcers were treated with Argon Plasma Coagulator. The patients then randomly assigned to receive oral omeprazole (40 mg every 12 hours) or placebo.

Results

Five (11.6%) of 43 patients in the placebo group had rebleeding; but no rebleeding was detected among 43 patients in omeprazole group ($p= 0.05$). One patient in the Placebo group underwent surgery for control of his rebleeding; but none of the patients in omeprazole group needed surgery. One patient in the placebo group and none of the patients in the omeprazole group died. The average hospital stay was 5 days in the omeprazole group and 5.8 days in the placebo group.

Conclusions

Addition of oral omeprazole to combined endoscopic therapy significantly reduces recurrent bleeding rates.

Keywords: Upper GI bleeding, Omeprazole, Argon plasma coagulation, Endoscopic therapy

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BACKGROUND

Although high rates of initial hemostasis can be achieved with endoscopic combined therapy in actively bleeding ulcers, the incidence of