中文題目：高風險出血性潰瘍經內視鏡合併止血法後以高劑量或標準劑量質子幫浦抑制劑輔助治療之前瞻性比較研究

英文題目：A Prospective Randomized Study of High-dose versus Standard-dose Proton Pump Inhibitors on Recurrent Bleeding after Combined Endoscopic Hemostasis of Bleeding Peptic Ulcers

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Background: The optimal dosage of intravenous proton pump inhibitors (PPIs) for the prevention of peptic ulcer rebleeding remains unclear.

Materials and Methods: A total of 201 patients with bleeding ulcers undergoing endoscopic treatment with epinephrine injection and heater probe thermocoagulation were randomized to receive a high-dose regimen (80mg bolus, followed by pantoprazole 8 mg/h infusion, n=100) or a standard-dose regimen (pantolprazole 40 mg bolus daily, n=101). After 72 hours, all patients were given 40 mg pantoprazole daily orally for 27 days.

Results: There were no statistically difference in mean units of blood transfused, length of hospitalization ≦ 5 days, surgical or radiological interventions, and mortality within 30 days between two groups. Bleeding recurred within 30 days in 6 patients (6.2%, 95% confidence interval [CI] 1.3% – 11.1%) in the high-dose group, as compared with 5 patients (5.2%, 95% CI 0.6% – 9.7%) in the standard-dose group (*P*=0.77). The stepwise Cox regression analysis showed dialysis, hematemesis, chronic obstructive pulmonary disease (hazard ratio: 37.15, 10.07, 9.12, 95% CI: 6.76 - 204.14, 2.07 – 49.01, 1.66 – 50.00, respectively) were independent risk factors for rebleeding and *Helicobacter pylori* infection was associated with lower risk of rebleeding (hazard ratio: 0.20, 95% CI: 0.04 – 0.94).

Conclusions: Following combined endoscopic hemostasis of bleeding ulcers, co-morbidities, hematemesis and *Helicobacter pylori* Status, but not PPI dosage, are associated with rebleeding.