中文題目：經皮冠狀動脈介入術後雙聯抗血小板藥物治療的冠心病加護病房患者其上消化道出血的危險因子及抑制潰瘍藥物預防作用的研究

英文題目：The Risk factors for Upper Gastrointestinal Hemorrhage after Dual Antiplatelet Treatment of Percutaneous Coronary Intervention Patients in A Coronary Care Unit and Preventive Effect of Anti-Ulcer Medications

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Background: Gastrointestinal bleeding may occur in critically ill patients diagnosed with coronary artery diseases in the coronary care unit (CCU), many of whom receive dual antiplatelet treatment (DAPT) after percutaneous coronary intervention (PCI). Given the conceivable adverse effects associated with dual antiplatelet therapy, such as hematemesis and melena, histamine-2 receptor antagonists(H2RA), or proton pump inhibitors (PPIs) are often administered in CCUs. Nevertheless, whether the aforementioned anti-ulcer medications may bring any benefits has still yet to be confirmed.

Methods: We retropectively recruited 288 eligible patients with DAPT (most with aspirin 100mg qd, ticagrelor 90mg bid) after PCI in a CCU. Incidence of upper gastrointestinal bleeding (UGIB) was correlated with clinically hematemesis and melena. Investigations on the issue were carried out with categorizations based on (1) their past histories before the hospitalization, (2) the findings of PCI of drug-eluting stents or bare mental stents, and thrombectomy, (3) UGIB ≤ 72 hours after catheterization and (4) UGIB >72 hours after catheterization.

Results: Twenty four patients (8.3%) suffered from acute UGIB **≤** 72 hours after catheterization. The independent risks factors of UGIB **≤** 72 hours in the CCU were female patients (95% confidence interval [CI] : 0.275[0.098-0.770], P = 0.014), history of cerebrovascular accident (95% CI: 6.483[1.234-34.061], P = 0.027), and Killip grade (95% CI: 0.377 [0.237-0.600], P < 0.001). With the aforementioned acute UGIB cases excluded initially, there were 41 cases prescribed prophylactic PPIs and 57 cases with H2RA, and the remaining 166 cases without any prophylactic medications for UGIB. The UGIB rates were 9.3% in the PPIs group, 5.3% in H2RA group, and 3.6% in non-prophylactic group. There was no significantly lower rate of UGIB in prophylactic group than in the non-prophylactic group (P = 0.264). Thirteen patients (4.9%) had delayed UGIB **>** 72 hours after catheterization. The independent risks factors of UGIB **>** 72 hours in the CCU were

patients with chronic kidney disease (95% CI: 9.264 [2.516-34.111], P = 0.001), and Killip grade (95% CI: 0.534 [0.316-0.902], P = 0.019).

Conclusions: Although there was no significant difference in the incidence of UGIB after PCI among patients with or without prophylactic anti-ulcer medicines, use of prophylactic medication and close monitoring may be still necessary when it comes to high-risk groups for gastrointestinal bleeding.

Keywords：prophylactic anti-ulcer medication, upper gastrointestinal bleeding, dual antiplatelet treatment.