中文題目：不同心導管時間點在胃潰瘍後罹患冠心症患者的影響

英文題目：Impact of different timing of percutaneous coronary intervention in patients with recent peptic ulcer who encounter coronary artery disease

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Background: Gastrointestinal bleeding is relatively common after percutaneous coronary intervention (PCI). In patients with recent peptic ulcer who encounter active coronary artery disease, timing of PCI requires balancing the risk of catastrophic bleeding against cardiovascular complication. We aim to evaluate the impact of different timing of PCI after recent peptic ulcer.

Material and method: From the national insurance claims data of the Taiwan National Health Research Institutes, we identified 531 patients with newly diagnosed peptic ulcer from 1998-2011. They were divided into 3 groups by PCI less than 2 weeks (70 patients), 2 months (48 patients), and more than 2 months (413 patients) after peptic ulcer. The incidence of repeat endoscopy, blood transfusion, readmission, ventilator use, and repeat PCI were estimated in each group by the end of 2011. We also evaluate the effect of direct cardiovascular comorbidities, including chronic artery disease, chronic kidney disease, and acute myocardial infarction.

Result: Of the three groups, there were higher rate of chronic coronary artery disease (82.9% vs 70.8% vs 56.9%, p<0.001) and acute myocardial infarction (12.9% vs 10.4% vs 4.12%, p=0.006) in group of PCI less than 2 weeks after peptic ulcer. After one year follow up after PCI, no repeat endoscopy therapy was performed in each group. There was also no difference in repeat transfusion (p=0.77), rehospitalization (p=0.18), heart failure with ventilator support (p=0.65), or repeat PCI (p=0.05). However, compared patients without mentioned comorbidities, those with direct cardiovascular comorbidities had similar repeat transfusion rate (aHR 1.64 vs 1.35, vs 1.66), but higher risks of rehospitalization (aHR 1.39 vs 1.93, vs 1.33), heart failure with ventilator support (aHR 8.5 vs 14.8, vs 11.9), and repeat PCI (aHR 0.96 vs 2.24, vs 0.94) in delayed PCI groups (<2weeks; <2 months; >2 months).

Conclusion: Patients with recent peptic ulcer have no increased blood transfusion risk despite early PCI. However, patients with acute myocardial infarction, chronic coronary artery disease, and chronic kidney disease have higher risk of rehospitalization, heart failure with ventilator support, and repeat PCI. This suggests PCI could be performed early after recent peptic ulcer.