Author’s response to reviews

Title: Risk factors and management strategy for ulcer hemorrhage following gastric endoscopic submucosal dissection in patients on antithrombotic therapy

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Dear the editors:

We are submitting a manuscript entitled “Risk Factors and Strategy for ulcer hemorrhage following gastric endoscopic submucosal dissection in patients on antithrombotic therapy” for consideration for possible publication as Letters to the editor in The BMC Gastroenterology.

Endoscopic submucosal dissection (ESD) is a technique modality increasingly used worldwide in the treatment of gastric tumors. However, postoperative complications of ESD, perforations of the upper gastrointestinal tract and post-ESD ulcer bleeding (postoperative hemorrhage), are increasingly becoming a problem. Studies concerning post-ESD ulcer healing and postoperative hemorrhage have reported that proton pump inhibitor (PPI) therapy gives good healing rates for post-ESD ulcers, and is also effective in preventing postoperative hemorrhage, so PPIs are widely administered post-ESD.

On the other hand, along with the ageing society, we are increasingly likely to perform ESD in patients with concurrent medical conditions, in particular heart conditions and cerebrovascular disease. Many of these patients are on long term antithrombotic therapy (antiplatelet agents or anticoagulants). Patients on antiplatelet agents such as low-dose aspirin have a greater risk and frequency of upper gastrointestinal hemorrhage, and inhibitors of acid secretion such as PPIs have been reported to be effective in reducing the incidence and prevalence of upper gastrointestinal hemorrhage. For less invasive endoscopic procedures, such as biopsies, the risk of bleeding increases very little in patients taking antiplatelet agents, and even in patients on anticoagulant therapy, the risk of postoperative hemorrhage is unchanged as long as the prothrombin time-international normalized ratio is under 3.0. There is, however, a lack of consensus regarding more invasive procedures such as ESD.

In this study, we examined postoperative bleeding rates and risk factors for postoperative hemorrhage from post-ESD gastric ulcers following ESD for gastric tumors in accordance with a protocol specifying uniform rules for cessation and recommencement of antithrombotic therapy, in a retrospective study.

We would appreciate your review of this manuscript.

Sincerely,

Toshihisa Takeuchi, MD, PhD.