Somatostatin Did Not Improve Pantoprazole Treatment for Non-variceal Upper Gastrointestinal Bleeding

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Background: Both proton pump inhibitors (PPI) and somatostatin are suggested to be effective treatments for non-variceal upper gastrointestinal bleeding (NVUGIB). However, the clinical effect of a PPI with a somatostatin adjunct has not been established. We evaluate the effect of pantoprazole with a somatostatin adjunct in patients with acute NVUGIB.

Methods: From October 2006 to October 2008, we enrolled 79 patients with NVUGIB that had a complete Rockall score above 5. All patients exhibited active bleeding or hemorrhagic endoscopic stigma. Within 24 h of hospital admission, all patients underwent an endoscopy with therapeutic interventions. After successful endoscopic hemostasis, all patients received a 40 mg bolus of pantoprazole followed by a continuous intravenous infusion (8 mg/h for 72 h). The somatostatin adjunct group (n=38) also received a 250 μg bolus of somatostatin, followed by a continuous infusion (250 μg/h for 72 h). Forty-eight hours after the initial endoscopy, another endoscopy was performed to confirm the absence of hemorrhagic endoscopic stigma.

Results: The second endoscopy showed no significant differences between treatment groups. A multivariate analysis showed that the complete Rockall score was a significant risk factor for early rebleeding (p=0.004).

Conclusions: The adjunct use of somatostatin was not superior to pantoprazole monotherapy after successful endoscopic hemostasis in patients with NVUGIB.

Key Words: Somatostatin, Pantoprazole, Gastrointestinal bleeding, Rebleeding