

Effect of dual antiplatelet therapy on gastric mucosa in stroke patients (Endoscopic evaluation)

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Abstract

Introduction: Our study was conducted prospectively on twenty patients with acute non-hemorrhagic cerebro-vascular stroke in the period from December 2007 to December 2008 aiming at evaluating and comparing gastric complications of dual antiplatelet therapy Vs Monoantiplatelet therapy using upper GI endoscopy.

Methods: Patients were divided into 2 equal groups (Group A, maintained on Aspocid 150 mg& group B maintained on Aspocid 150 mg plus Clopidogrel 75 mg). Both groups were maintained on antiplatelets for 1 week and evaluated endoscopically twice, ***according to Rypins grading of gastric mucosa***, once upon admission and another follow up after a week of initiating antiplatelet therapy to detect gastric complications.

Results: There was no significant difference as regard age of both groups (P value 0.496). Sex had non significant difference (P value 0.65). There was a non significant difference between the two groups regarding **diabetes mellitus, hypertension, smoking, previous CVA and dyslipidemia**. A non significant difference between both groups regarding **neurological findings** (P value 0.82). Regarding **Glasgow Coma Scale (GCS)**, there was non significant difference between the two groups (P value 0.125). A non significant difference between the two groups regarding presence of **gastric symptoms** (P value 0.582). As regards **previous usage of antiplatelets**, there was a **significant** difference between the two groups (P value 0.007). In **group A**, Ninety percent of patients had the same endoscopic findings (grading 0-3) at day 0 and day 7 and only 10% of patients deteriorated, regarding endoscopic findings, from grade 0 to grade 7. In **group B**, Forty percent of patients had the same endoscopic gastric findings (grading 0-4) and 60% deteriorated—10% of them progressed from grade 1 to 7, 10% progressed from grade 2 to 7, 20% progressed from grade 3 to 7, 10% progressed from grade 0 to 3 and 10% progressed from grade 3 to 6. There was statistically significant difference in both groups with a P value 0.0198 that indicated that gastric complication increased markedly with usage of dual antiplatelets drugs in relation to Monoantiplatelet drugs. A non significant difference between the two groups regarding the outcome (mortality) (P value 1.0).

Conclusion: The combination of dual antiplatelet therapy (Aspirin & clopidogrel) increased gastric complications in comparison to Monoantiplatelet therapy (Aspirin) alone and so it is not recommended.

Keywords: Dual antiplatelets. Stroke, Gastric complications