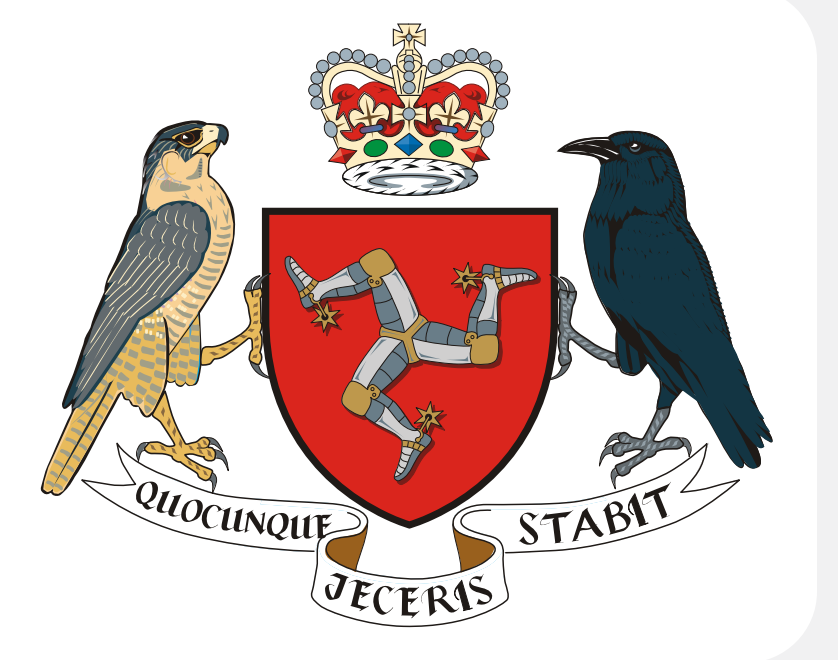


A Case of Upper GI bleeding with the use of low dose Aspirin in pregnancy

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ABSTRACT

Low dose Aspirin (LDA) is mainly used in the prevention of preeclampsia in pregnant women at risk of developing it. Patients with recurrent miscarriage and APA also benefit from LDA along with LMW heparin. It is also being increasingly used in preventing SGA in women at risk.

Here we present a patient who presented with a major upper GI bleed following LDA prophylaxis in pregnancy.

In summary LDA in pregnancy can rarely lead to major potentially life threatening haemorrhage.

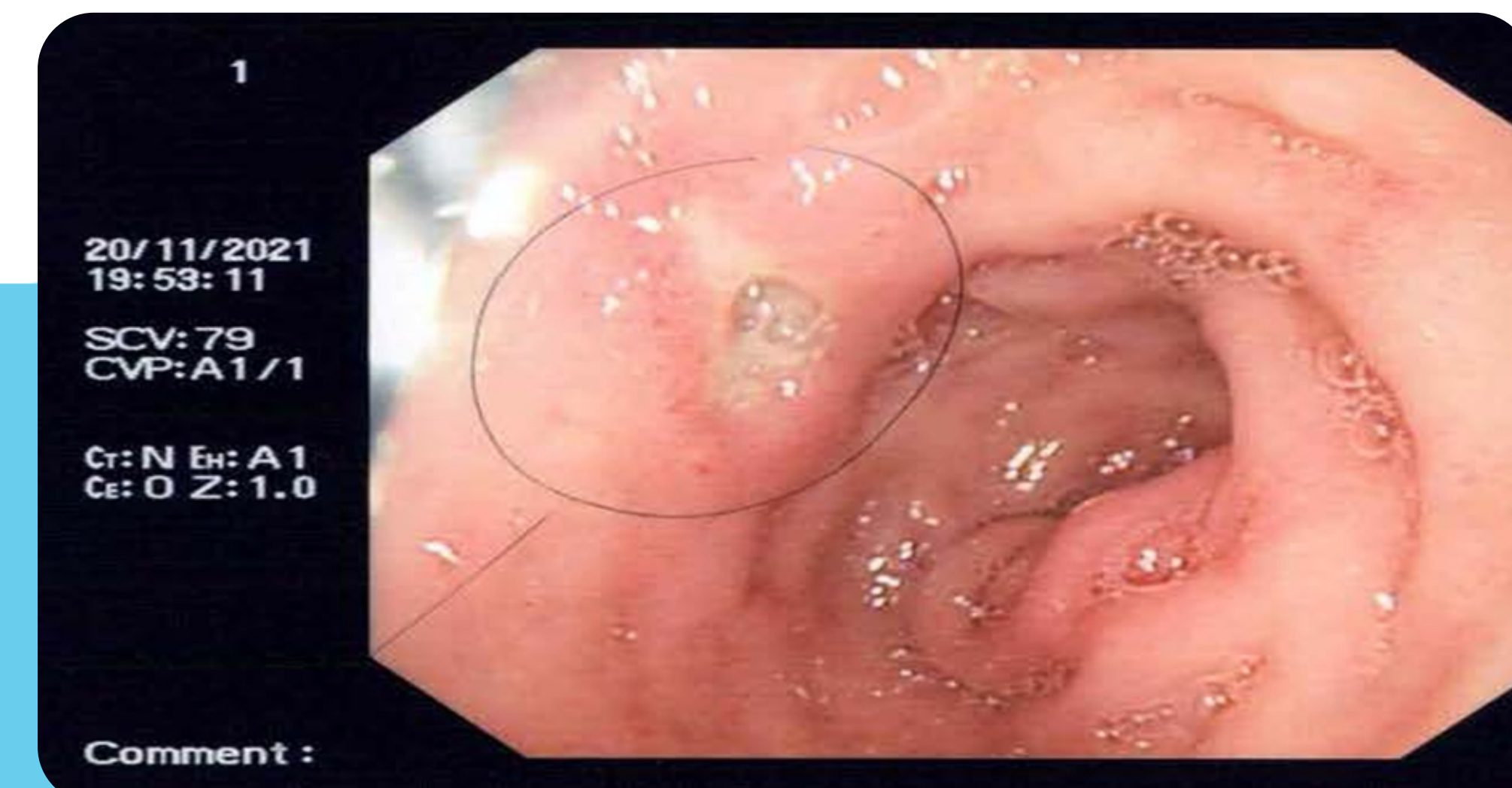
It is important that we look for factors that can increase the risk for a GI bleed in these women and try to mitigate them by the use of dispersible tablets, by stopping them if possible at 36 weeks, use of concomitant proton pump inhibitors (PPI) if indicated, limiting the use of other NSAIDs and anticoagulation, and by providing detailed information leaflets.

INTRODUCTION AND BACKGROUND

The indications for which low dose Aspirin (LDA) is being used in pregnancy is broadening. In the light of emerging evidence there is a low threshold for prescribing Aspirin especially as it has a good safety profile. Studies on the safety and side effects of aspirin are mostly based on administration of LDA to patients requiring prophylaxis for stroke and myocardial infarction. This case report is a reminder that a potentially life-threatening upper GI bleed can complicate LDA use in pregnancy though rarely and how this risk can possibly be reduced.

CASE SUMMARY

Our patient is a 36yr old p0+4, who was started on LDA a month prior to conception for her unexplained recurrent early miscarriages. She was booked for antenatal care at 14 weeks + 5 days. She was planned for serial growth scans starting at 28 weeks in view of her having partial epilepsy and a bicornuate uterus. Growth scans were normal. She had an elective caesarean at 39w + 2 days, for breech presentation, which was uneventful. Postoperatively she was put on NSAIDs for analgesia and enoxaparin for thromboprophylaxis. She presented on sixth postoperative day with wound infection for which she was put on oral cefuroxime and metronidazole. A baseline blood test showed a hemoglobin of 120 gm/L and urea of 3.2 mmol/L. She was readmitted four days later with history of having collapsed at home. Her hemoglobin on admission was 82gm/L and urea was raised at 10.9mmol/L. Along with her history of recent epigastric pain, severe heartburn and melaena an upper GI bleed was suspected. She also had been suffering from severe heartburn throughout pregnancy which she attributed to a normal pregnancy symptom. A repeat hemoglobin was 76gm/L; she was transfused 2 units of packed red blood cells. Her antibiotics, clexane and NSAIDs were stopped, she was started on IV esomeprazole and an urgent oesophagoendoscopy was done which showed an acute ulcer of 5mm with slough within proximal duodenum. She was advised to continue oral PPI for 8 weeks and H.pylori screening as outpatient. She remained stable and was discharged home. Her repeat haemoglobin was 134gm/L after 4 weeks. H.pylori screening was negative.



DISCUSSION

The main indication for prescribing LDA in pregnancy is having one high risk factor or more than one moderate risk factor for the development of pre-eclampsia (NICE NG133 amended 2010). Another reason for LDA, even pre-conceptionally or in early pregnancy is recurrent miscarriage associated with APA, where it may be combined with low molecular weight heparin.

LDA in pregnancy is also being used for prophylaxis against SGA in patients with low PAPP-A in the light of emerging evidence. (Green-top Guideline No. 31 2nd Edition | February 2013 | Minor revisions – January 2014)

A systematic review of observational studies regarding bleeding risk with long term aspirin use showed.

- ❖ There was an approximately 40% increased risk of all GI bleeding with low-dose aspirin in the observational studies reviewed.
- ❖ the relative risk for UGIB with low-dose aspirin were higher than those for all GI bleeding events-two fold risk.
- ❖ Neither aspirin dose nor duration of use had consistent effects on relative risks for upper GI bleeding.
- ❖ a history of peptic ulcer and H. pylori infection were associated with a significant increase in the risk of UGIB.
- ❖ increased bleeding risks when combined with non-steroidal anti-inflammatory drugs, clopidogrel and selective serotonin reuptake inhibitors compared with monotherapy.
- ❖ concomitant use of proton pump inhibitors decreased upper GI bleeding risks relative to aspirin monotherapy.

CONCLUSION

The use of LDA in pregnancy is expected to increase in view of emerging data. Aspirin can on rare occasions cause potentially life-threatening GI bleeding. It is important that clinicians are aware of this risk and mitigate this risk while prescribing LDA. This can be done by

- ❖ Detailed history regarding risk factors including that of GI ulcers in the past or H. pylori infection prior to prescribing.
- ❖ Providing detailed information leaflets and relevant links to prescribing information prior to starting aspirin
- ❖ Instructions to take the medication together in the evening and always after food.
- ❖ Prescribing dispersible aspirin tablets routinely as they are proven to reduce the chances of gastrointestinal irritation with the added advantage of not being expensive.
- ❖ Instructing the patient to report if there are symptoms of gastric irritation and to add PPI if indicated.
- ❖ To exercise caution while prescribing other NSAID or anticoagulation along with LDA.
- ❖ Consider stopping aspirin at 36-37 weeks if needed.

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