Case 1

A 59-year-old man (Mr Mahmood) presented to A&E following haematemesis and melaena. He suffered no pain. His past medical history included non-ST -elevated myocardial infarction (NSTE MI) for which he had undergone percutaneous coronary intervention (PCI ) and bare metal stent insertion 4 months previously. Mr Mahmood stopped smoking 1 years previously,he is not obese. He was taking the following prescribed medicines:

Ramipril 2.5 mg twice daily

Aspirin 100 mg

Clopidogrel 75 mg

Atorvastatin 40 mg daily

Atenolol 100 mg12

On investigation Mr Mahmood haemoglobin concentration was 8 g/ dL (11.5–16.5 g/dL)). His blood pressure was 98/60 mmHg with a heart rate of 120 beats per minute and respiratory rate of 20 beats per minute. There was no jaundice or stigmata of liver disease. Plasma urea was 6 mmol/L (3.1–7.9 mmol/L) with a creatinine of 87 μmol/L (75–155 μmol/L).

INR was 1.0. Serum sodium was 142 mmol/L (135–145 mmol/L) and serum potassium was 4.3 mmol/L (3.4–5.0 mmol/L). Endoscopy revealed an actively bleeding gastric ulcer.

Questions

1. What immediate treatment should Mr Mahmood receive?

2. What pharmacological treatment should be given to reduce the risk of re-bleeding following endoscopic haemostatic therapy?

3. What was the likely cause of the bleeding ulcer?

4. When should antiplatelet therapy be restarted and with which agent(s)?

5. Is gastroprotection indicated following ulcer healing?