

# Standard and double dose pantoprazole equally effective

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incidence of delayed bleeding events (1.3 versus 6.2 percent for standard- and double-dose groups, respectively;  $P = 0.21$ ) and bleeding ulcer (6.2 versus 3.9 percent for standard- and double-dose groups, respectively;  $P = 0.69$ ). No other variables correlated with delayed bleeding or bleeding ulcer on second-look endoscopy.

"Intravenous pantoprazole 40 mg every 24 hours or 12 hours for two days after endoscopic resection were equally effective for the prevention of delayed bleeding," the authors write.

**More information:** [Abstract](#)  
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(HealthDay)—For patients with gastric adenoma or early gastric cancer, standard dose or double dose intravenous pantoprazole for 48 hours is equally effective for prevention of delayed bleeding after endoscopic resection, according to a study published online Sept. 16 in the *Journal of Gastroenterology and Hepatology*.

For the study, Sung Woo Jung, M.D., from the University College of Medicine in Seoul, South Korea, and colleagues enrolled 166 patients with gastric adenoma or early gastric cancer. Subjects were randomized to receive 40 mg pantoprazole every 24 hours or every 12 hours after an [endoscopic procedure](#). On day two after [endoscopic resection](#), a second-look endoscopy was performed to compare signs of re-bleeding and ulcer status between the groups. Data were analyzed from 81 patients from the standard-dose group and 81 from the double-dose group.

At the second-look endoscopy, the researchers observed no between-group difference in the

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