

## **Continuous Infusion versus Intermittent Dosing with Pantoprazole for Gastric Endoscopic Submucosal Dissection**

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- Endoscopic submucosal dissection (ESD), a curative treatment for gastric epithelial neoplasms is associated with higher risk of adverse events such as bleeding or perforation. The Proton pump inhibitors are widely used to prevent gastric ESD-related bleeding.
- The effect of continuous (C) and intermittent (I) dosing regimen of pantoprazole was compared in 401 patients.
- In the C-group, IV pantoprazole 80 mg was administered at least 2 hours before ESD, followed by continuous IV administration (8 mg/ hr) for 2 days and in the I-group, IV pantoprazole 40 mg was administered twice a day for 2 days, with the first dose administered at least 2 hours before ESD.
- In the final analysis, the rate of significant intraprocedural bleeding was 25.4% in the C-group and 24.0% in the I-group, with no significant difference. Additionally, there was no significant difference even in the postprocedural bleeding rates.

- **Intermittent dosing with pantoprazole is sufficient and cost-effective for the prevention of gastric ESD-related bleeding.**