

MI後の内出血はがんを疑うきっかけとなる (Abstract 83231)

急性冠症候群患者において、退院後の出血とその後がんが診断されることには関連があることが明らかにされた

Link found between bleeding after hospital discharge and subsequent cancer diagnosis in patients with acute coronary syndrome

心筋梗塞後の退院から6か月以内の出血はその後がんが診断されることと関連がある、とESC Congress 2019で発表された。研究者らは、退院後抗血小板薬2剤併用療法を施行された急性冠症候群患者3,644人のカルテを、後ろ向きにレビューした。退院後の出血は、新たにがんが診断されるリスクを3倍にした。明らかな原因のない自然出血は、がんが診断されるリスクが4倍高いことと関連があった。このがんとの関連は、出血重症度が高いほど増大した。出血とがんとの関連性は、2剤併用療法の継続の有無に関係なく認められた。

Full Text

Bleeding during the first six months after discharge from hospital for a myocardial infarction (MI) is linked with a subsequent cancer diagnosis, according to research presented at ESC Congress 2019 together with the World Congress of Cardiology.

"Our results suggest that patients should seek medical advice if they experience bleeding after discharge for a heart attack," said study author Isabel Muñoz Pousa of Álvaro Cunqueiro Hospital, Pontevedra, Spain. "Particularly if the bleeding is of gastrointestinal, pulmonary or genitourinary origin, without any obvious reason, and occurs in the first six months. If the cause is cancer, early detection can improve prognosis."

Following discharge for an acute coronary syndrome, patients are typically treated with dual antiplatelet therapy for around one year. This treatment inhibits the formation of blood clots but raises the risk of bleeding. Previous research has suggested that post-discharge bleeding may have negative consequences. This study examined its association with a new diagnosis of cancer.

The researchers retrospectively reviewed the hospital records of 3,644 acute coronary syndrome patients discharged with dual antiplatelet therapy from Álvaro Cunqueiro Hospital. Patients were followed-up for a median of 56.2 months for bleeding events and cancer. The researchers analyzed associations between bleeding and the absolute risk of a new cancer diagnosis.

Bleeding occurred in 1,215 patients (33%) during follow-up and 227 patients (6%) had a new diagnosis of cancer. After adjustment for factors known to influence bleeding or cancer, post-discharge bleeding was associated with a threefold higher risk of new cancer diagnosis. The median time from bleeding to cancer was 4.6 months. The link with cancer increased as the severity of bleeding worsened.

Spontaneous bleeding with no apparent cause was linked with a four times higher risk of cancer diagnosis while there was no relation with bleeding due to trauma such as injury or bladder catheterization.

Regarding the location, blood in the feces was associated with a nearly fourfold risk of cancer diagnosis, while coughing up blood or blood in the urine were linked with four and eight-times greater risks, respectively.

There was a relationship between bleeding and cancer regardless of whether patients were still on dual antiplatelet therapy or not.

Ms. Muñoz Pousa said: "Most of the bleeding episodes in the study were mild. The bleeding events more strongly related with a new cancer diagnosis were severe hemorrhages of unknown cause requiring surgery – for example digestive bleeding needing endoscopic treatment. We found a higher incidence of cancer in the first six months after discharge regardless of whether patients were taking dual antiplatelet therapy or not."

She added: "A possible explanation is that there is a pre-existing subclinical lesion in an organ that is triggered to become cancer by antiplatelet drugs or a stressful situation such as heart attack. This hypothesis needs to be tested and patients should ensure they take antiplatelets as prescribed to avoid having another heart attack."

No funding source was reported for this study.

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