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IMPACT OF ERYTHROMYCIN AND METOCLOPRAMIDE AGAINST PLACEBO IN PATIENTS WITH UPPER INTESTINAL BLEEDING UNDERGOING ESOPHAGOGASTRODUODENOSCOPY: A SYSTEMATIC REVIEW AND BAYESIAN NETWORK META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

Society: ASGE**Track:** Stomach and Small Bowel Disorders**Author(s) and Affiliation(s):**

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Introduction: Acute upper gastrointestinal bleeding (UGIB) is a common global issue, with endoscopy as the standard diagnostic and therapeutic method. However, the effectiveness of endoscopy is often hindered by blood clots or residues that impair gastric visualization. Intravenous erythromycin has been recommended, but its limited global availability restricts its widespread use. Metoclopramide offers a more accessible and affordable alternative.

Methods: MEDLINE, Embase and Cochrane, databases were searched for randomized controlled trials (RCTs) that included at least two arms of metoclopramide, erythromycin or placebo in patients with upper gastrointestinal bleeding undergoing esophagogastroduodenoscopy. A Bayesian random-effects network meta-analysis was used to calculate the odds ratio (OR) with a 95% credibility interval (CrI). Treatments were ranked using surface under the cumulative ranking (SUCRA)

Results: We included 12 randomized controlled trials encompassing a total of 1092 patients, from which 231 were allocated for erythromycin, 328 to metoclopramide and 533 to placebo. Erythromycin had statistically lower rates of re-esophagogastroduodenoscopy (re-EGD) than placebo (OR 0.41; 95% CrI 0.21 to 0.73), but no difference was found against metoclopramide (OR 0.51; 95% CrI 0.21 to 1.22), neither there was between metoclopramide and placebo (OR 0.8; 95% CrI 0.41 to 1.54). The SUCRA rank revealed Erythromycin in first position (0.97), metoclopramide in second (0.40) and placebo in last (0.12).

Conclusion: Our findings showed no significant difference between erythromycin and metoclopramide, with erythromycin demonstrating superiority over placebo. However, while metoclopramide was non-inferior to erythromycin, it failed to achieve a statistically significant advantage over placebo. This suggests potential equivalency between erythromycin and metoclopramide for reEGD, but raises questions about the efficacy of metoclopramide compared to placebo.

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