A patient undergoes an EGD for the evaluation of melena. The patient was found to have a Rockall score of 10. Endoscopy showed a Forrest IIa lesion. The lesion is treated with a hemoclip with no evidence of bleeding at the end of the endoscopy. The patient is then treated with a continuous PPI IV infusion for 72 hours while hospitalized. On discharge, what would be the best treatment option?

A. Histamine2 Receptor Antagonist by mouth daily, total duration decided by underlying cause
B. Histamine2 Receptor Antagonist by mouth twice daily for 11 days, then daily with total duration decided by underlying cause
C. Proton Pump Inhibitor by mouth daily, total duration decided by underlying cause
D. Proton Pump Inhibitor by mouth twice daily for 11 days, then daily with total duration decided by underlying cause

Answer: D
In high risk patients who had Rockall scores > 6 the rebleeding rate was decreased with by mouth twice daily dosing PPI when compared to daily PPI.

Reference: Cheng HC¹, Wu CT¹, Chang WL¹, Cheng WC², Chen WY³, Sheu BS⁴. Double oral esomeprazole after a 3-day intravenous esomeprazole infusion reduces recurrent peptic ulcer bleeding in high-risk patients: a randomized controlled study. Gut. 2014 Dec;63(12):1864-72.