URGENT ENDOSCOPY MAY NOT IMPROVE OUTCOME IN ACUTE VARICEAL BLEEDING: A MULTICENTER COHORT STUDY

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A UK multicenter cohort study of 401 patients with acute variceal bleeding found no independent association between timing of endoscopy and in-hospital mortality after adjusting for patient characteristics and bleeding severity.

KEY POINTS

- Crude mortality rates were highest in patients undergoing endoscopy within 6 hours of presentation (22%) compared to 6-24 hours (11%) or beyond 24 hours (11%), but patients receiving earlier endoscopy had markers of more severe bleeding including lower blood pressure, higher heart rate, lower hemoglobin, and higher lactate levels.
- After adjustment for patient characteristics and bleeding severity, no statistically significant association was found between timing of endoscopy and mortality (odds ratio 1.01, 95% CI 0.99-1.03, p=0.17).
- Even haemodynamically stable patients with systolic blood pressure above 100 mmHg had 16% mortality when undergoing urgent endoscopy within 6 hours.
- The study cohort included 401 patients with mean age 58 years, 75% with known cirrhosis, mean Child-Pugh score 8.2, and overall in-hospital mortality of 12.6%.
- The findings suggest that the association between endoscopy timing and outcome may differ between acute variceal bleeding and peptic ulcer bleeding, and may be relevant to clinicians managing upper gastrointestinal bleeding in cirrhotic patients.

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