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Summary

EVALUATING PREDICTIVE AND PROGNOSTIC RISK STRATIFICATION TOOLS FOR NON-VARICEAL UPPER GASTROINTESTINAL HEMORRHAGE: A RETROSPECTIVE COHORT ANALYSIS AT A TERTIARY CARE CENTER

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Oesophagus

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Retrospective comparison of eight risk stratification scores in 528 patients with non-variceal upper gastrointestinal bleeding found most scores had suboptimal performance for predicting key clinical outcomes.

KEY POINTS

- The Forrest score showed the highest performance for predicting need for endoscopic intervention with AUROC 0.91, while other scores ranged from 0.46 to 0.69 for this outcome.
- Glasgow-Blatchford score and CANUKA score demonstrated effective performance for predicting need for red blood cell transfusion with AUROC values of 0.80 and 0.79 respectively.
- CANUKA and Rockall scores showed acceptable performance for predicting 30-day mortality with AUROC 0.70, while most scores performed suboptimally (AUROC ≤ 0.8) for predicting in-hospital rebleeding and need for surgical or interventional radiological procedures.
- In-hospital rebleeding occurred in 3.6% of patients and all-cause 30-day mortality was 17.8% in this cohort from a single emergency department between 2022 and 2023.

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