OPTIMAL THRESHOLD FOR RESTRICTIVE TRANSFUSION AFTER ACUTE GASTROINTESTINAL BLEEDING: INSIGHTS FROM THE HUNGARIAN GASTROINTESTINAL BLEEDING REGISTRY

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A registry analysis of 575 patients with gastrointestinal bleeding suggests that red blood cell transfusion at haemoglobin levels of 61-70 g/L may be associated with lower rates of intensive care admission and surgical intervention compared to transfusion at lower or higher thresholds.

KEY POINTS

- The study divided patients into four groups based on lowest haemoglobin level during hospitalisation: ≤60 g/L, 61-70 g/L, 71-80 g/L, and ≥80 g/L.
- No statistically significant difference in mortality odds was observed among the transfusion groups.
- Patients transfused at haemoglobin ≤60 g/L and ≥80 g/L had significantly increased odds of intensive care therapy compared to those transfused at 61-70 g/L (aOR: 6.37 and 10.97, respectively).
- The 61-70 g/L group had the lowest need for surgical intervention at 2.30%, with a trend toward higher surgical intervention odds in the ≤60 g/L group.
- The authors note that randomised controlled trials with extended follow-up are needed to validate these findings from the Hungarian Gastrointestinal Bleeding Registry.

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