TIMING OF UPPER GASTROINTESTINAL ENDOSCOPY AND ITS RELATIONSHIP WITH ENDOSCOPIC FINDINGS IN PATIENTS WITH ACUTE UPPER GASTROINTESTINAL BLEEDING: A PROSPECTIVE COHORT STUDY

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A retrospective study of 234 patients with acute upper GI bleeding found that early endoscopy within 24 hours significantly increased detection of active bleeding lesions compared to delayed endoscopy, though overall endoscopic findings were similar across timing groups.

KEY POINTS

- The study divided 234 patients into three groups based on endoscopy timing: under 24 hours (Group I), 24-72 hours (Group II), and over 72 hours (Group III) from first bleeding presentation.
- The bleeding lesion was visualized in 32.31% of patients in Group I, compared to 9.68% in Group II and 4.44% in Group III, a statistically significant difference favoring early endoscopy.
- Blood in the esophagus, stomach, and duodenum was significantly more common in the early endoscopy group, while normal findings were significantly more common in the delayed group.
- Most other endoscopic findings including gastric ulcers, varices, erosions, and esophageal pathology showed no significant differences across the three timing groups.
- The authors conclude that early endoscopy within 24 hours enhances the possibility of identifying the bleeding cause, though they note this recommendation may challenge resource-limited settings and weekend staffing.

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