

NON-VARICEAL UPPER GASTROINTESTINAL BLEEDING IN PATIENTS WITHOUT AND WITH COMPENSATED AND DECOMPENSATED CIRRHOSIS: EPIDEMIOLOGY, OUTCOMES AND PREDICTIVE FACTORS OF MORTALITY

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Poster

Oesophagus

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Retrospective registry analysis of 1345 upper gastrointestinal bleeding patients found that outcomes in cirrhosis depend primarily on compensated versus decompensated status rather than variceal versus nonvariceal bleeding source.

KEY POINTS

- Among 319 cirrhosis patients with upper gastrointestinal bleeding, variceal and nonvariceal bleeding showed no outcome differences except endoscopy therapy need (74.2% versus 41.4%, $p<0.001$).
- Decompensated cirrhosis patients with nonvariceal bleeding had significantly worse outcomes than compensated or non-cirrhotic patients: 45% in-hospital mortality versus 13% and 7.2%, rebleeding 23.8% versus 7.4% and 9%, mean 5.33 versus 2.88 and 2.6 red blood cell units transfused, and longer hospital stay (12.33 versus 8.55 and 8.59 days).
- Multivariate analysis identified three independent risk factors for in-hospital mortality: Child-Pugh score (HR 1.88, 95%CI 1.18-2.99, $p=0.008$), misbalance of chronic condition (HR 11.33, 95%CI 2.26-56.71, $p=0.003$), and age (HR 1.08, 95%CI 1.01-1.61, $p=0.049$).
- Study included prospectively registered patients from a single Spanish university hospital between 2013 and 2020, comparing 190 variceal and 129 nonvariceal bleeding cases in cirrhosis, and 1139 nonvariceal bleeding cases across cirrhosis status groups.

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