

VARICEAL VS NON-VARICEAL ACUTE UPPER GASTROINTESTINAL BLEEDING: OUTCOMES IN THE 2022 UK AUDIT

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Poster

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A 2022 UK audit comparing variceal and non-variceal acute upper gastrointestinal bleeding found that variceal patients were younger, required more intensive treatment and transfusions, and had longer hospital stays, but mortality did not differ significantly between the two groups.

KEY POINTS

- In 1542 patients with identified bleeding causes, 14% had variceal bleeding (median age 57 years) and 86% had non-variceal bleeding (median age 70 years).
- Variceal bleeding patients more frequently had stigmata of recent bleeding (69% vs 38%), received endotherapy (75% vs 34%), and experienced rebleeding after index endoscopy (14% vs 9%), all with $p < 0.05$.
- Variceal patients required significantly more transfusions of packed red cells (64% vs 54%), fresh frozen plasma (17% vs 4%), and platelets (14% vs 3%), and had longer median hospital stays (7 vs 5 days).
- In-hospital mortality was 9.4% for variceal bleeding and 7.2% for non-variceal bleeding, a difference that was not statistically significant ($p = 0.25$).
- This interim analysis from a prospective multi-centre UK observational study is relevant to clinicians managing acute upper gastrointestinal bleeding and those interested in comparative outcomes between variceal and non-variceal aetiologies.

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