

VALUE OF MULTIDETECTOR COMPUTED TOMOGRAPHY ANGIOGRAPHY IN SEVERE NON-VARICEAL UPPER GASTROINTESTINAL BLEEDING: A RETROSPECTIVE STUDY IN A REFERRAL BLEEDING UNIT

Francesco Manguso

UEG Week Copenhagen 2023

Poster

Oesophagus

October 15, 2023

A retrospective study of 68 patients evaluated the diagnostic performance of emergent multidetector-row CT angiography (MDCTA) for severe non-variceal upper gastrointestinal bleeding, finding moderate sensitivity for bleeding status (77.8%) but high sensitivity for identifying bleeding site (92.4%).

KEY POINTS

- MDCTA demonstrated 77.8% sensitivity, 40% specificity, and 75% accuracy for detecting bleeding status in 68 severe NVUGIB patients (median age 69 years) referred for emergent MDCTA between December 2019 and October 2022.
- MDCTA sensitivity for identifying bleeding site was 92.4% and for identifying bleeding etiology was 79%, with endoscopy, angiography, surgery, or pathology serving as reference standards.
- For active bleeding specifically, MDCTA showed 72.5% sensitivity with 100% positive predictive value, while recent bleeding showed 87% sensitivity.
- The authors conclude that MDCTA appears feasible and effective for severe acute NVUGIB and may guide management in selected cases, particularly those clinically severe or from rare sources, though further prospective studies are needed.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/5eb827b8-743b-11ee-8546-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.