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Summary

COMPARISON OF THREE SCORING SYSTEMS FOR RISK STRATIFICATION IN PATIENTS WITH UPPER GASTROINTESTINAL BLEEDING

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UEG Week Copenhagen 2023 | Poster

Oesophagus

October 15, 2023

Retrospective study of 102 patients compared three pre-endoscopic scores for predicting severity outcomes in upper gastrointestinal bleeding, finding the Glasgow-Blatchford Score superior to pre-Rockall and qSOFA for most clinical endpoints.

KEY POINTS

- The Glasgow-Blatchford Score demonstrated the highest predictive accuracy for ICU admission and blood transfusion need with AUROC 0.914 for both outcomes, outperforming pre-Rockall (AUROC 0.843 and 0.769) and qSOFA (AUROC 0.735 and 0.687).
- Glasgow-Blatchford Score was more predictive of therapeutic intervention (AUROC 0.882) compared to pre-Rockall (AUROC 0.788) and qSOFA (AUROC 0.676).
- For endoscopic intervention, Glasgow-Blatchford and pre-Rockall performed similarly with moderate accuracy (AUROC 0.747 and 0.721 respectively), while qSOFA showed lower performance (AUROC 0.615).
- None of the three scores predicted the need for surgical intervention, and qSOFA showed no significant performance even for ICU admission despite this being its intended domain.
- The authors recommend using Glasgow-Blatchford and pre-Rockall scores in emergency department practice and suggest larger prospective studies are needed to further evaluate these prognostic tools.

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