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Summary

A NATIONAL ANALYSIS OF THE MANAGEMENT AND OUTCOMES OF PATIENTS PRESENTING WITH UPPER GASTROINTESTINAL BLEEDING

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Analysis of 918,925 US hospitalizations for upper gastrointestinal bleeding from 2016-2020 found 1.9% in-hospital mortality, with variceal bleeding, advanced age, comorbidities, and need for surgery or interventional radiology independently associated with death.

KEY POINTS

- Endoscopy was performed in 49.1% of admissions, while 1.1% required interventional radiology and 1.0% required gastrointestinal surgery to control bleeding.
- Variceal bleeding occurred in 3.9% of admissions and was strongly associated with mortality (adjusted OR 2.84).
- Surgery (adjusted OR 3.92) and interventional radiology (adjusted OR 3.33) were the strongest procedural predictors of in-hospital death.
- Other independent mortality risk factors included history of cancer (adjusted OR 2.45), ulcer disease (adjusted OR 1.44), chronic renal failure (adjusted OR 1.34), and COPD (adjusted OR 1.29).
- This national database study provides contemporary benchmarks for UGIB management patterns and outcomes in US hospitals.

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