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Summary

PROGNOSTIC NUTRITIONAL INDEX ENHANCES RISK STRATIFICATION FOR DELAYED BLEEDING AFTER GASTRIC ESD IN OLDER ADULTS: VALIDATION USING CROSS-VALIDATION ANALYSIS

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Adding Prognostic Nutritional Index to the BEST-J score improved prediction of delayed bleeding after gastric endoscopic submucosal dissection in older adults, increasing AUC from 0.72 to 0.82.

KEY POINTS

- In a retrospective study of 252 patients undergoing gastric ESD, delayed bleeding occurred in 4.7% of older adults (≥75 years) versus 0.8% of younger patients, and mean PNI was lower in bleeding cases (44.7) than non-bleeding cases (48.5).
- Among older adults, adding one point for PNI below 40 to the BEST-J score improved AUC from 0.72 to 0.82, with five-fold cross-validation confirming stable performance (mean AUC 0.861, SD 0.147).
- The combined model correctly reclassified two older bleeding patients who had been classified as low risk by BEST-J alone, enhancing sensitivity without substantially compromising specificity.
- The authors conclude that incorporating nutritional and immune factors via PNI into bleeding risk stratification may refine perioperative management specifically in the older age group, though PNI alone had limited predictive value.

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