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Summary

ENDOSCOPIC HEMOSTASIS DURING UPPER GASTROINTESTINAL BLEEDING OF NON-VARICEAL ORIGIN

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A 26-month retrospective study of 91 emergency department patients with non-variceal upper digestive hemorrhage found gastro-duodenal ulcer in 80.2% of cases, with endoscopic hemostasis required in 20.8% and a mortality rate of 3.2%.

KEY POINTS

- Non-variceal upper digestive hemorrhage accounted for 40.44% of all upper digestive hemorrhage cases presenting to the emergency department, with a mean patient age of 54.8 years and male predominance of 70.3%.
- Gastro-duodenal ulcer was the main etiology in 73 patients (80.2%), with Forrest III classification in 59% of ulcer cases and Forrest Ib in 12.3%.
- Isolated melena was the most common presentation (48.4%), followed by melena with hematemesis (28.6%), isolated hematemesis (17.6%), and rectal discharge (5.5%).
- All patients received injectable PPI therapy; endoscopic hemostasis was required in 19 patients (20.8%), most commonly using adrenaline injection with hemostatic clips or clips alone.
- The authors conclude that PPI therapy prior to endoscopy and availability of endoscopic hemostasis contribute to the low mortality rate observed in this emergency department setting.

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