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Summary

PARTICULARITY OF DIGESTIVE HEMORRHAGE IN RENAL FAILURE

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A prospective study of 378 patients found that gastrointestinal bleeding in chronic kidney disease patients is associated with significantly higher rates of hemodynamic instability, recurrence, and mortality compared to patients with normal renal function.

KEY POINTS

- Among 46 chronic kidney disease patients with digestive hemorrhage, 69.5% experienced hemodynamic instability compared to 11.14% in the control group (p=0.002).
- Chronic kidney disease patients had a higher bleeding recurrence rate of 26% versus 9.6% in controls (p=0.00) and higher mortality of 4.34% versus 1.2% (p=0.00).
- The most common etiologies in chronic kidney disease patients were peptic ulcer disease (65.2%), vascular ectasia (28.2%), and gastritis (26%).
- The study included 378 patients over 28 months, with 70% of chronic kidney disease patients on chronic hemodialysis and 26% with GFR below 60 ml/min/1.73m2 managed without dialysis.
- The authors conclude that gastrointestinal bleeding in advanced chronic kidney disease warrants prompt management and close monitoring due to increased severity and complications.

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