RISK FACTORS OF IN-HOSPITAL MORTALITY AMONG PATIENTS WITH GASTROINTESTINAL BLEEDING AND ISCHEMIC HEART DISEASE

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A single-center retrospective study of 574 patients with concurrent gastrointestinal bleeding and ischemic heart disease found an in-hospital mortality rate of 18.64%, with age, peak white blood cell count, peak INR, and admission heart rate identified as independent predictors of death.

KEY POINTS

- Among 574 patients with both GIB and IHD, 107 in-hospital deaths occurred, yielding a mortality rate of 18.64%, with cardiovascular death being the most common cause at 42.99%.
- In multivariable analysis, four independent predictors of in-hospital mortality were identified: age (OR 1.032), peak WBC count (OR 1.123), peak INR levels (OR 1.220), and heart rate at admission (OR 1.015).
- Patients who died were older (median 78 vs. 74 years), had higher rates of COPD (27.10% vs. 13.70%) and chronic renal failure (47.66% vs. 27.19%), and more frequently presented with acute coronary syndrome (53.27% vs. 38.97%).
- Non-survivors showed significantly elevated peak WBC counts, higher peak INR values, lower minimum platelet counts, and higher admission heart rates compared to survivors.
- This retrospective study from West China Hospital (2014-2018) may inform risk stratification for hospitalized patients presenting with concurrent GIB and IHD.

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