

TRANSFUSION STRATEGIES FOR PATIENTS WITH COLONIC DIVERTICULAR BLEEDING

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Poster

Colorectal

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A retrospective study of 184 patients with colonic diverticular bleeding found no statistically significant differences in 30-day rebleeding, mortality, or composite outcomes between restrictive (Hb ≤ 7 g/dl) and liberal (Hb > 7 g/dl) blood transfusion strategies.

KEY POINTS

- Among 475 patients hospitalized for colonic diverticular bleeding, 184 received blood transfusions; restrictive strategy patients were transfused at mean Hb 6.3 ± 0.6 g/dl versus 8.2 ± 1.2 g/dl in the liberal group.
- Rebleeding within 30 days occurred in 53.9% of restrictive versus 45.3% of liberal group patients, with no statistically significant difference ($P=0.24$).
- Mortality within 30 days was 1.1% in the restrictive group and 0% in the liberal group ($P=0.30$), and composite outcomes (rebleeding, need for surgery/IVR, or mortality) were 56.1% versus 52.6% respectively ($P=0.63$).
- Multivariate analysis showed restrictive transfusion strategy was not associated with decreased rebleeding risk (OR 1.3, $P=0.42$), while endoscopic hemostasis was significantly associated with decreased rebleeding (OR 0.2, $P<0.01$).
- The authors suggest restrictive blood transfusion may be reasonable for patients with colonic diverticular bleeding except those in persistent shock, though they note further evidence is needed.

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