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Summary

DOES INITIAL CONTRAST-ENHANCED CT IMPACT ON CLINICAL OUTCOMES OF PATIENTS WITH COLON DIVERTICULAR BLEEDING?

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In a Japanese single-center retrospective study of 370 patients with colon diverticular bleeding, initial contrast-enhanced CT improved bleeding-point detection during subsequent colonoscopy but did not reduce hospital stay, re-bleeding, or mortality compared with colonoscopy-first approaches.

KEY POINTS

- Among 204 patients undergoing initial contrast-enhanced CT, 53.9% showed extravasation, and subsequent emergent colonoscopy identified bleeding points in 43 of 100 extravasation-positive cases compared with 19 of 70 cases (27.1%) in the 166-patient colonoscopy-first group.
- Patients in the CT-first group required significantly more blood transfusion units (3.36 vs 1.53 units, p=0.001) than the colonoscopy-first group.
- No significant differences were observed between groups in length of hospital stay (10.64 vs 9.95 days), recurrent bleeding rate (23.6% vs 23.4%), or 30-day survival (99.5% vs 100%).
- The authors conclude that initial CT with extravasation findings enables more efficient bleeding-point detection on emergent colonoscopy but does not improve clinical outcomes in colon diverticular bleeding.
- This retrospective analysis may inform gastroenterologists and emergency physicians managing acute lower gastrointestinal bleeding from diverticular sources.

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