

FROM BURN TO TREATMENT: REVISITING THE NATURAL HISTORY OF PEPTIC ULCER DISEASE - A TERTIARY CENTER EXPERIENCE

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Poster

Oesophagus

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A retrospective study of 468 peptic ulcer disease patients found 12% 30-day mortality, with Charlson Comorbidity Index predicting death and anticoagulation associated with hemodynamic instability.

KEY POINTS

- Among 468 patients (mean age 71.8 years), major risk factors included alcohol consumption (31.6%), NSAIDs (28.4%), and *Helicobacter pylori* infection (23.1%).
- Antiplatelet or anticoagulant use (47.2% of patients) was associated with hemodynamic instability on admission, which in turn increased mortality risk (OR 3.10, 95% CI 1.745-5.509).
- Lower admission hemoglobin levels (mean 8.5±2.5 g/dl) were associated with higher 7-day rebleeding rates, and 37% of patients received therapeutic intervention (96.6% endoscopic, 9.1% transarterial embolization, 1.7% surgery).
- Thirty-day mortality was 12%, predominantly infection-related (78%), with Charlson Comorbidity Index significantly associated with death ($p<0.001$) while age was not.
- This material is most relevant for gastroenterologists and hospitalists managing upper gastrointestinal bleeding and assessing prognostic factors in peptic ulcer disease.

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