gutflix
GI learning, personalised

Summary

PRE-ENDOSCOPIC SCORES IN PEPTIC ULCER BLEEDING: PREDICTING OUTCOMES AND CLINICAL DECISIONS

Pedro Narra Figueiredo

UEG Week Berlin 2025 | Poster

Oesophagus

October 5, 2025

Glasgow-Blatchford Score and H3B2 demonstrate highest accuracy for predicting endoscopic treatment need and rebleeding risk in peptic ulcer bleeding, though all scores show limited value for predicting 1-year mortality.

KEY POINTS

- In a retrospective study of 364 patients with peptic ulcer bleeding, 75.3% required emergency endoscopic hemostasis, with most hospitalized at level 1 or level 2 care units.
- GBS, MGBS, and H3B2 showed the best performance for predicting need for endoscopic treatment, with AUROC values of 0.93, 0.91, and 0.87 respectively.
- GBS and MGBS performed best for predicting rebleeding risk with AUROC values of 0.70 and 0.68, while all scores showed low predictive value for 1-year mortality, with Rockall Score performing best at AUROC 0.67.
- GBS, H3B2, and MAP score were most effective for differentiating levels of care.
- The authors conclude that while GBS and H3B2 are valuable for acute management decisions, additional prognostic factors may be needed for long-term outcome prediction in peptic ulcer bleeding patients.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/841250fc-a813-11f0-8bc8-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.