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Summary

THE IMPACT OF THE RAPID-RESPONSE PATHWAY FOR THE EMERGENCY MANAGEMENT OF HIGH-RISK UPPER GASTROINTESTINAL BLEEDING ON CLINICAL OUTCOMES IN PATIENTS WITH CIRRHOSIS AND ACUTE VARICEAL BLEEDING

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A multidisciplinary rapid-response pathway for acute variceal bleeding in cirrhotic patients was associated with reduced 6-week mortality and 5-day treatment failure in a retrospective cohort study at a single Chinese center.

KEY POINTS

- Following implementation of the pathway in late 2019, 6-week mortality decreased from 13.5% to 8.0% (P=0.001) and 5-day treatment failure decreased from 20.9% to 9.8% (P<0.001) in propensity-matched groups of 654 patients each.
- The pathway was associated with higher rates of prophylactic antibiotics and early endoscopic or interventional treatment, and lower use of balloon tamponade and intubation.
- Independent predictors of 6-week mortality included Child-Pugh score (HR=1.203), MELD-Na score (HR=1.040), hepatocellular carcinoma (HR=2.398), portal vein thrombosis (HR=1.733), and 5-day treatment failure (HR=4.385).
- The study included 1,529 cirrhotic patients with acute variceal bleeding admitted between 2016 and 2022, with chronic hepatitis B virus infection as the most common etiology of cirrhosis.
- This material may be of interest to hepatologists and gastroenterologists managing acute variceal bleeding in cirrhotic patients, particularly those developing or evaluating rapid-response protocols.

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