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Summary

INFLUENCE OF ENDOSCOPY TIMING ON CLINICAL OUTCOMES IN VARICEAL BLEEDING PATIENTS

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A retrospective study of 216 variceal bleeding patients found that urgent endoscopy within 6-12 hours was not superior to endoscopy at 12-24 hours, and timing was not an independent predictor of mortality.

KEY POINTS

- Patients undergoing endoscopy at 6-12 hours and 12-24 hours had similar in-hospital mortality (13.6% and 11.1%), significantly lower than those treated before 6 hours (27.4%) or after 24 hours (50%).
- Multivariate analysis identified misbalance of chronic condition (OR 9.92), rebleeding (OR 3.95), and MAP(ASH) score ≥2 as independent risk factors for in-hospital mortality, but not timing of endoscopy.
- The 6-12 hour and 12-24 hour groups had lower rates of rebleeding (7.9% each) and misbalance of chronic condition (30.2% and 23.7%) compared to the under-6-hour group (22.1% and 48.3%).
- Subgroup analysis found no benefit of endoscopy before 12 hours in non-variceal bleeding or in higher-risk patients (GBS≥12, MAP(ASH)≥2, ASA≥3).
- The authors suggest their findings challenge the current ESGE recommendation for urgent endoscopy in variceal bleeding and align with most available studies showing no benefit before 12 hours.

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