

RISK FACTORS FOR UPPER MASSIVE GASTROINTESTINAL BLEEDING OCURRENCE AND DEATH: A PROSPECTIVE SINGLE-CENTER STUDY

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Poster

Oesophagus

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A registry study of 171 massive upper gastrointestinal bleeding patients found 21% mortality, with severe comorbidities, active bleeding, and complications predicting death, and 14% of survivors dying within 6 months.

KEY POINTS

- Being admitted for another condition, having systemic disease, disseminated malignancy, or severe comorbidity were independent risk factors for massive gastrointestinal bleeding in 1213 upper GI bleed patients.
- Among 171 massive bleeding patients, 21% died (10 from hypovolemic shock, remainder from complications), with active endoscopic bleeding and severe complications independently predicting mortality while calcium levels were protective.
- Deaths versus survivors showed significant differences in ASA 3-4 comorbidities (96.7% vs 78.5%), active bleeding (76.3% vs 43.3%), bleeding persistence (63.3% vs 17.6%), and rebleeding (40% vs 17%).
- Among survivors of the index episode, 14% died within 6 months, mainly from recurrent bleeding, neoplasms, cirrhosis complications, cardiovascular disease, and sepsis.
- Delayed complications included recurrent upper GI bleeding in 86.6% of delayed bleeding cases and cardiovascular events dominated by heart failure and thromboembolic events; material is a registry analysis for clinicians managing massive upper GI bleeding.

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