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Summary

SIGNIFICANCE OF HB DECREASE IN DELAYED BLEEDING AFTER COLORECTAL ESD

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Colorectal

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A retrospective study of 145 suspected delayed bleeding cases after colorectal endoscopic submucosal dissection found that hemoglobin decrease on postoperative day 1 did not require hemostasis, while timing and duration of hematochezia were significant factors in determining need for intervention.

KEY POINTS

- Among 145 suspected delayed bleeding cases, none with hemoglobin decrease ≥2 g/dL on postoperative day 1 required hemostasis, while all 32 cases requiring hemostasis presented with hematochezia.
- Hematochezia occurred in 100% of the hemostasis group versus 83.2% of the no-hemostasis group (p = 0.008), while hemoglobin decrease on postoperative day 1 was significantly more common in the no-hemostasis group (26.5% versus 0%, p <0.001).
- Multivariate analysis identified hematochezia occurring within 3 days of ESD (OR 3.57, p = 0.005) and bleeding duration ≤1 day (OR 4.58, p = 0.009) as significant factors associated with not requiring hemostasis.
- The authors conclude that hemoglobin decrease may be a low priority factor in defining delayed bleeding after colorectal ESD, with timing and duration of hematochezia being more clinically relevant for determining intervention need.

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