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Summary

DO WE NEED EMERGENCY COLONOSCOPY FOR ACUTE DIVERTICULUM BLEEDING?

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Colorectal

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A retrospective study of 68 diverticular bleeding cases found that emergency colonoscopy within 24 hours significantly increased identification of bleeding sources compared to delayed colonoscopy, though it did not reduce transfusion rates or hospital stay.

KEY POINTS

- Emergency colonoscopy (within 24 hours) identified stigmata of recent hemorrhage in 26% of cases versus 10% in the elective group (after 24 hours), a statistically significant difference ($p<0.05$)
- Blood transfusion rates were similar between groups at 53% for emergency and 46% for elective colonoscopy, with no significant difference
- Length of hospital stay was identical at 8.0 days in both groups with no significant difference
- No major complications such as intestinal perforation occurred in either the emergency or elective colonoscopy groups
- The authors conclude that while emergency colonoscopy does not reduce transfusion requirements, it may lead to more effective treatment through improved bleeding source identification

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