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Summary

OPTIMAL TIMING OF ENDOSCOPY IN ACUTE UPPER GASTROINTESTINAL BLEEDING: IMPACT ON REBLEEDING, MORTALITY AND RESOURCE UTILISATION

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Analysis of 3,001 UK patients with acute upper gastrointestinal bleeding found that endoscopy within 0-12 hours was associated with higher adjusted odds of rebleeding and mortality compared to endoscopy at 12-24 hours, despite higher baseline severity in the early group.

KEY POINTS

- After adjusting for confounding variables including baseline severity, the 0-12 hour endoscopy group had 91% higher odds of rebleeding (OR 1.91, 95% CI 1.38-2.69) and 59% higher odds of mortality (OR 1.59, 95% CI 1.09-2.34) compared to the 12-24 hour group.
- Patients undergoing endoscopy within 0-12 hours were younger, more haemodynamically unstable, had higher median Glasgow Blatchford Scores (10.0 vs 9.0 vs 8.0), and higher lactate levels than those in the 12-24 and 24-48 hour groups.
- The 24-48 hour endoscopy group showed comparable adjusted odds of rebleeding (OR 0.93) and mortality (OR 0.74) to the 12-24 hour group, but had longer median hospital stay (5 vs 4 days).
- Endotherapy was performed more frequently in the 0-12 hour group (41%) compared to 12-24 hour (28%) and 24-48 hour (17%) groups.
- This observational audit analysis is relevant to clinicians managing acute upper gastrointestinal bleeding and developing endoscopy timing protocols.

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