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Summary

ENDOSCOPIC MANAGEMENT OF NON VARICEAL UPPER GI HEMORRAGES: OUR EXPERIENCE AS A TYPE 1 DEPARTMENT

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Oesophagus

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A five-year retrospective study of 1215 patients with non-variceal upper GI bleeding found that endoscopic intervention within 12-24 hours achieved adequate hemostasis with low mortality, with similar outcomes whether treated under 12 hours or between 12-24 hours.

KEY POINTS

- Among 252 patients requiring endoscopic therapy, 78.6% underwent urgent intervention within 12 hours due to persistent hemodynamic instability with 51.2% definitive success, while 21.4% were treated within 24 hours after stabilization with 59.1% success
- Single endoscopic intervention was successful in 56.4% of patients, with 26.2% requiring a second endoscopic look, 5.2% requiring surgery, and 3.6% requiring interventional radiology
- Overall mortality was 8.8%, with 4.4% of deaths unrelated to the endoscopic procedure; average procedure time was 17 minutes and post-procedure hospital stay was 6.5 days in 79.7% of patients
- Patients treated very early (under 12 hours) had similar hospital stay, second-look requirements, and mortality compared to those treated between 12-24 hours
- The authors conclude that 12-24 hour intervention timing is adequate for non-variceal upper GI hemorrhage management, reserving very early intervention for hemodynamically unstable patients

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