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Summary

Emergencies in upper GI (Complete Session)

UEG Week Barcelona 2026 | Presentation

October 19, 2026

This session presented three complex upper gastrointestinal emergency cases illustrating guideline-based management of foreign body impaction, variceal bleeding in cirrhosis with Barrett's neoplasia, and refractory peptic ulcer hemorrhage.

KEY POINTS

- For complete esophageal obstruction from food bolus impaction, the speaker stated ESG guidelines recommend emergent endoscopy preferably within 2 hours and at latest within 6 hours, with gentle pushing as first-line treatment and retrieval with snare if unsuccessful, followed by diagnostic biopsies.
- In a cirrhosis patient with Barrett's adenocarcinoma treated by ESD, the speaker reported delayed post-ESD bleeding at 20 days managed ultimately with TIPS (pre-TIPS gradient 25 mmHg, post-TIPS 7 mmHg) after failure of hemospray, sclerotherapy, and migrated Danis stent; the speaker suggested pre-emptive TIPS or portal pressure measurement should be considered before ESD in such patients.
- For an 84-year-old with refractory D1-D2 junction ulcer bleeding after failed through-the-scope clips, the speaker stated the new ESG guideline suggests over-the-scope clip may be considered when standard hemostasis fails, emphasizing proper deep placement is critical as visible teeth after deployment indicate superficial placement with six-fold increased rebleeding risk.
- The speakers stated ESG guidelines recommend hemospray is not for definitive variceal bleeding treatment, self-expanding metal stents are preferred over balloon tamponade for persistent esophageal variceal bleeding, and pre-emptive TIPS should be considered within 72 hours in high-risk variceal bleeding patients.
- The speakers noted H. pylori testing underperforms in acute GI bleeders and 40% of patients not tested during admission are lost to follow-up testing, suggesting the hospitalization is an important opportunity for testing using multiple methods such as rapid urease test and histology to increase sensitivity.

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