



clinical profile and out come of nonvariceal upper gastro intestinal bleeding with endoscopic correlation

KEYWORDS

DR.SREEDEVI.KOONA

M.D .Assistant PROFESSOR OF medicine. Andhra Medical College.Visakhapatnam. Andhra Pradesh. India

Dr.Tejeswararao .Bendi

M.S Associate Professor of surgery .Andhra medical college Visakhapatnam. Andhra Pradesh . India

ABSTRACT

To study clinical profile and endoscopic correlation of nonvariceal upper gastrointestinal bleeding Methods: 50 cases of non variceal upper gastrointestinal bleeding were included in this study .A detailed clinical history and examination done. After initial resuscitation and stabilization with IV fluids and blood transfusions all the patients were subjected to upper gastrointestinal endoscopy.

OBSERVATIONS: In the present study majority of patients 48% present in the 4th and 5th decade. Out of 50 patients 36 were males and 14 were females showing male preponderance. The commonest presenting complaint was hematemesis with maleena 66%. A good correlation between clinical diagnosis and endoscopic findings was made in patients with drug induced gastritis 81% and chronic duodenal ulcer 40% and gastric ulcer 50%.

CONCLUSIONS: the commonest cause for upper gastrointestinal bleeding is peptic ulcer . Upper gastrointestinal endoscopy helps as both diagnostic and therapeutic tool of choice .Clinical diagnosis is correlated well with endoscopy. Early endoscopy improves survival with intervention to stop bleeding undertaken simultaneously and decreases hospital stay and decreases number of blood transfusions.

INTRODUCTION: upper gastro intestinal bleeding may be defined as bleeding from a lesion proximal to the ligament of trietz.

Acute upper gastrointestinal hemorrhage is a common emergency to physicians and gastroenterologists . Despite advances in diagnosis and treatment the mortality is around 5- 10%. Appropriate management of patients of non variceal upper gastrointestinal bleeding has been demonstrated to improve patient outcome.

The common causes are duodenal ulcers ,gastric ulcers ,erosive mucosal diseases,Mallory-Weiss syndrome,the less common causes include esophagitis, neoplasms, and angiodysplasias.

MATERIALS AND METHODS: All the patients who are presented with nonvariceal upper gastrointestinal bleeding were included in this study. 50 consecutive cases were studied A detailed history general physical examination systemic examination was done and history regarding presenting complaints of non variceal upper gastrointestinal bleeding such as haemetemesis, maleena, haematochezia were made. History suggestive of peptic ulcer ,history of drug intake especially steroidal and NSAIDS and history of alcohol intake and smoking was noted . All necessary laboratory investigations ,haematological investigations like CBC,BT,CT,Blood grouping and Rh typing were done. All the patients wer subjected to upper gastrointestinal endoscopy after resuscitation and stabilization with intravenous fluids and blood transfusions.

OBSERVATIONS :

Age distribution:

Age group range from 10 to 80 years .majority of patients that is 48% presented in the 4th and 5th decade 10% presented in the 2nd decade 10% presented in the 6th decade.

Sex distribution: out 50 patients 36 were males and 14

were females showing a male preponderance

Presenting complaints: the commonest complaint was hematemesis with maleena 66%. 28% of patients presented with only hematemesis and 4% presented with only maleena.history suggestive of moderate to severe blood loss was noted in 20% of patients. Pain abdomen was noted in 30% of patients.

Precipitating factors : history of drug intake prior to episode of bleeding was noted in 40% of patients. History of alcohol intake noted in 14% of patients. History of retching and vomiting noted in 20% of patients. In 16% of patients no precipitating factors are identified

Results and data analysis : after taking careful history and physical examination the following clinical diagnosis were noted

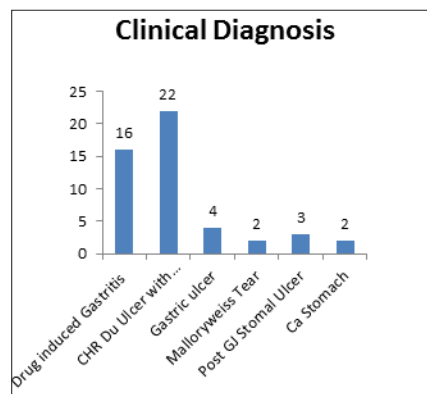


Figure.1 Clinical Diagnosis chart here

After resuscitation and stabilisation all the patients were subjected to upper gastrointestinal endoscopy. On endoscopy the following findings were noted

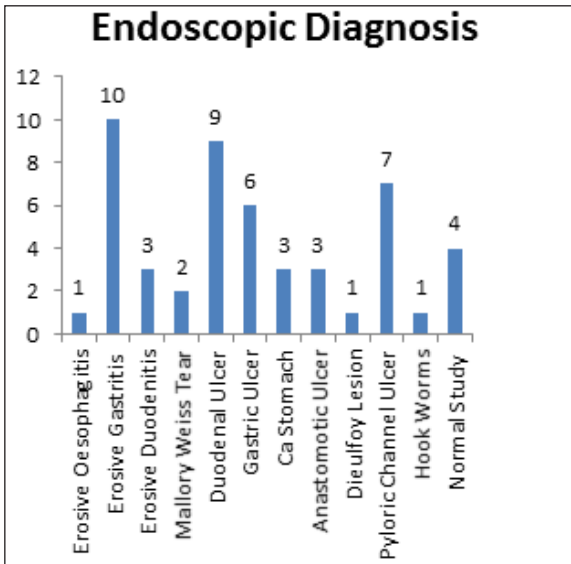


Figure 2 endoscopic diagnosis chart here

Correlative study: A good correlation between clinical diagnosis and endoscopic findings was made. in patients with drug induced gastritis 81%and chronic duodenal ulcer 40% and gastric ulcer 50%. So a careful history would provide clues to the cause of bleeding in more than 50% of patients

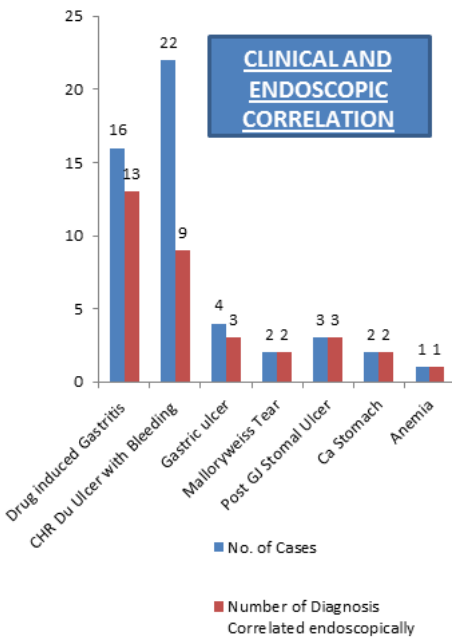


Figure 3 Clinical endoscopic correlation bar chart

Outcome; out of 50 patients studied 49 patients were discharged in a stable general condition and one patient died the patient presented with shock at the time of admission into the hospital and injection therapy done with adrenaline to this patient and on the second day of endoscopy the patient rebleed profusely and could not be revived in spite of resuscitation.

Discussion: in the present study, majority of patients that is 66% presented with haematemesis and maleena , 28% presented with haematemesis only, and 4% presented with maleena only haematemesis when presented with pain abdomen raised the suspicion of peptic ulcer.

In the present study ,clinical diagnosis of drug induced gastritis was made in16 patients. Endoscopy revealed features suggestive of multiple erosive gastritis in 10 patients, and esophagitis and erosive duodenitis in 3 patients.In present study erosions were found in 26%of patients. A good correlation between clinical diagnosis and endoscopy was made in patients of bleeding from drug induced gastritis 81.5%,in bleeding from chronic duodenal ulcer is 40.9%.So acareful history will provide clues to the cause of bleeding in more than 50% of cases. Mortality in the present study was2% which was much lower when compared with the present day accepted figure of 1i0%. Aggressive approach and early endoscopy have reduced the mortality of acute upper gastrointestinal bleeding .

Conclusions: non variceal upper gastrointestinal bleeding is a common cause of haematemesis and is more common in males . the commonest presentation is haematemesis with maleena 66%. The commonest precipitating factor is intake of drugs like NSAIDS. The commonest cause for upper gastrointestinal bleeding in the present study is peptic ulcer. Early endoscopy improve survival if intervention to stop bleeding was undertaken simultaneously , decreases hospital stay and decreases number of blood transfusions . upper gastrointestinal endoscopy helps as both diagnostic and therapeutic toll of choice.Clinical diagnosis is correlated well with endoscopy .

REFERENCE

1. Harrisons principles of internal medicine 19th edition 2.Sleisenger M.H fordmanj,S gastrointestinal diseases. 3 .Shiel Sherlock diseases of liver and hepatobiliary system 4.Gastro enterol clin NAM 34(2005) 607-621 gastro enterology clinics of north America. 5. Laine L Peterson WI,bleeding peptic ulcer N.Engl j.med 1994; 331:717-27 6.Morgan AG Macadam WA Walmsley GL ,Jessop A HorrocksJC,deDombalFT,clinical findings early endoscopy and multi variate analysis in patients bleeding from the upper gastro I intestinal tract. Br Med J:2:2370-40 7.Rockall TA logan R F, Devlin H B, Northfield TC Incidence and mortality from acute upper gastrointestinal haemorrhage in the united kingdom. Br Med J 1993;311:222-6