



ENDOSCOPIC PROFILE OF UPPER GASTROINTESTINAL BLEEDING IN A TERTIARY CARE CENTRE.

Gastroenterology

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ABSTRACT

Background: A study describing the endoscopic profile of upper gastrointestinal bleeding in a tertiary care centre.

Aim: The aim was to study endoscopic profile in patients presenting with upper GI bleeding.

Introduction: Upper gastrointestinal bleeding is a common medical emergency associated with significant morbidity and mortality. The presentation of bleeding depends on the amount and location of bleed. The primary diagnostic test for evaluation of upper gastrointestinal bleeding is endoscopy. The aim was to study endoscopic profile in patients presenting with upper GI bleeding.

Methods: This is a cross sectional study data conducted in Department of Gastroenterology DDHD Anna nagar Chennai from January 2019 to January 2020 . In this patients presenting with manifestations of upper gastrointestinal bleed were included and were subjected to upper GI endoscopy.

Results: A total of 160 patients presenting with hematemesis and melena were studied. 124(77.5%) were males and 36(22.5%) were females. The mean age was 47.15 ± 17.12 . The most common findings on endoscopy of upper gastrointestinal bleeding was portal hypertension related (esophageal and gastric varices, portal hypertensive gastropathy) seen in 40% of patients, gastric erosions in 17.5% patients, peptic ulcer disease was seen in 13.75%, Esophagitis in 6.25% cases, Mallory-Weiss tear was seen in 6.25% patients, gastric malignancy in 5% patients, post EVL ulcers in 3.75% patients, Normal study in 3.75%, Duodenal erosions in 2.5% patients, Vascular ectasia of stomach in 1.25%.

Conclusion: The present study reported portal hypertension as the most common cause of upper gastrointestinal bleeding, while most common endoscopic lesions reported were esophageal varices, followed by gastric erosions and peptic ulcer.

KEYWORDS

Hematemesis, Gastrointestinal bleeding , Portal hypertension

INTRODUCTION:

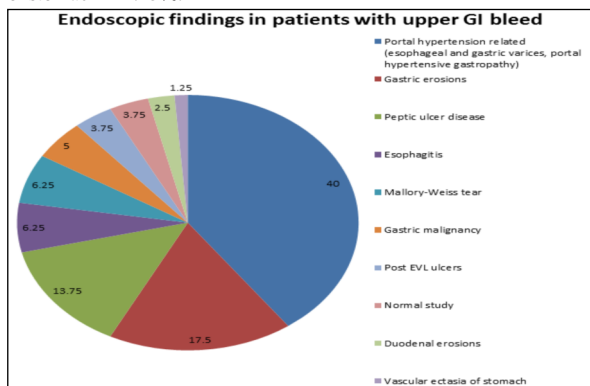
Upper gastrointestinal bleeding is a common medical emergency associated with significant morbidity and mortality. The presentation of bleeding depends on the amount and location of bleed. The primary diagnostic test for evaluation of upper gastrointestinal bleeding is endoscopy. The aim was to study endoscopic profile in patients presenting with upper GI bleeding.

METHODS:

This is a cross sectional study data conducted in Department of Gastroenterology DDHD Anna nagar chennai from January 2019 to June 2019 . In this patients presenting with manifestations of upper gastrointestinal bleed were included and were subjected to upper GI endoscopy.

RESULTS:

A total of 160 patients presenting with hematemesis and malena were studied. 124(77.5%) were males and 36(22.5%) were females. The mean age was 47.15 ± 17.12 . The most common findings on endoscopy of upper gastrointestinal bleeding was portal hypertension related (esophageal and gastric varices, portal hypertensive gastropathy) seen in 40% of patients, gastric erosions in 17.5% patients, peptic ulcer disease was seen in 13.75%, Esophagitis in 6.25% cases, Mallory-Weiss tear was seen in 6.25% patients, gastric malignancy in 5% patients, post EVL ulcers in 3.75% patients, Normal study in 3.75%, Duodenal erosions in 2.5% patients, Vascular ectasia of stomach in 1.25%.



DISCUSSION:

The present study is a hospital based study, majority of the patients studied were natives of Tamil Nadu in and around Chennai which cannot be regarded as representative of any community or population. Present study aims to establish the endoscopic findings in case of upper GI bleeding.

Upper gastrointestinal bleeding is a common medical emergency associated with significant morbidity and mortality. The patients with upper GI bleed can present with Hematemesis and Melena. Hematemesis is defined as vomiting of blood, which is indicative of bleeding from the nasopharynx, esophagus, stomach, or duodenum. Melena is defined as black tarry stool and results from degradation of blood to hematin or other hemochromes by intestinal bacteria. Melena can signify bleeding that originates from a UGI, small bowel, or proximal colonic source and generally occurs when 50 to 100 mL or more of blood is delivered into the GI tract (usually the upper tract), with passage of characteristic stool occurring several hours after the bleeding event.^{1,2}

The most common etiology of upper GI bleeding in the western world is peptic ulcer disease and in Asians it is due to portal hypertension.^{3,4} The mortality in case of acute severe upper GI bleeding is around 5 to 10% despite ICU care, endoscopy therapy, surgery. Most people who die of upper GI bleeding are from older age group with comorbid conditions rather than exsanguination.⁵⁻¹⁰

In 80% of patients with upper GI bleed the bleeding is self limited without specific therapy.^{8,11} Rest 20% patients in whom bleeding is not self limited and who continue to bleed the mortality rate is 30 to 40%.¹² In patients whom bleeding is not self limited and who are risk of bleeding will benefit from acute medical , endoscopic, angiographic or surgical therapy.

In this study we looked at the endoscopic findings of patients presenting with upper GI bleed. In this study 160 patients presenting with upper GI bleed were taken and they were subjected to upper GI endoscopy to find out the cause of bleed. The mean age of patients was 47.15 years. Male to female ratio was 3.4:1. The youngest patient age was 15 years and oldest patient was 85 years. In our study most common cause of upper GI bleed is portal hypertension related (esophageal and gastric varices, portal hypertensive gastropathy) which is seen in 40% of patients followed by gastric erosions. The most

common cause of portal hypertensive bleed in our study was due to esophageal varices and the most common etiology for portal hypertension in our study was due to cirrhosis of liver. Table 1 shows the comparison of etiological spectrum of upper GI bleed in various studies from India.

Table 1:

Place and publication year	Present study (2020)	Kerala (2018) ¹³	Kolkata (2016) ¹⁴	Mumbai (2001) ¹⁵	Chennai (2007) ¹⁶
Study population	160	138	337	398	408
Portal hypertension related	40	51.4	40.2	15.3	17.8
Peptic ulcer disease	13.75	8.7	33.8	56	33.3
Gastric erosions	17.5	15.2	10.6	4.5	43.6
Malignancy	5	3.8	2.9	0.75	2.4

These results indicates that the most common cause of upper GI bleed is due to portal hypertension related causes in recent studies and from the above table we can see there is shift in etiology of upper GI bleed in India. In older studies from India we can see that most common etiology of upper GI bleed was due to peptic ulcer disease. The change in etiology may be due to improve in socioeconomic status in India so there is decreased incidence of H pylori infection which is considered one of the main etiology in peptic ulcer disease.¹⁷

CONCLUSION:

The present study reported portal hypertension as the most common cause of upper gastrointestinal bleeding, while most common endoscopic lesions reported were esophageal varices, followed by gastric erosions and peptic ulcer. Upper GI endoscopy is the easy and most effective way to find the etiology of upper GI bleed and upper GI endoscopy can be also used for therapeutic management of upper GI bleed.

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