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Research Article

A CLINICIAL AND ENDOSCOPIC STUDY OF ACUTE UPPER GASTRO INTESTINAL BLEED

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ABSTRACT

Objective: To evaluate the etiology of acute upper gastrointestinal bleed.
Methods: The study includes 100 cases of acute upper GI Bleed admitted in aims from aug.2014 to aug.2015. Patients were selected were 18 years and above of either sex. All of these case presented with symptoms of upper GI bleed were subjected for upper GI endoscopy. The data was subsequently analysed.
Results: In this study of 100 cases who came with symptoms of acute UGIB most common cause was found to be secondary to esophageal varices followed by pecptic ulcer, Malignancy and M-W syndrome
Discussion: Acute UGIB is potentially life threatening emergency immediate intervention can improve the mortality and morbidity. Main treatment remain as determination of source of bleeding and stop active bleeding.

INTRODUCTION

Acute Upper GI Bleed remains a common potentially severe emergency condition. It's bleeding proximal to ligament of Teritz;s, namely esophagus, stomach and dueodenum. Such bleed may be either fresh bright red blood or appearance of coffee grounds. Bleeding from upper GI is approx.5 times more common than from lower GI bleed. It's more common in men and elderly people. Hematemesis indicate UGIB such blood may be either fresh bright red blood or it may be old and take on appearance of coffee grounds. Presence of blood clot may reflect massive bleeding while coffee ground vomitus usually indicates a slower rate of bleeding with retention of blood in stomach and alteration of blood to form hematin in presence of HCL

Material and Methods: In this study of 100 cases of acute UGIB admitted in aims from aug.2008 to aug.2009. Patient were selected were 18 years and above either sex. On admission cases of acute UGIB were confirmed on initial assessment if needed resuscitation was done informed consent was taken from the patients who were conscious and oriented and from relatives and bystanders of those who were not oriented. Symptmology of UGIB was recorded in each patient. Hemeatemesis, malena or both and their reoccurrence along with associated symptoms such as pain abdomen, dyspahagia abdominal distension heart burn were recorded. History of NSAIDs and corticosteroids was recorded. Similarly habits of smoking and alcoholism were noted. Serial measurement of pulse rate and blood pressure were recorded in all patients. Abdominal examination was directed at looking for signs of portal hypertension such as spleenomegaly, ascites, distended veins over abdomen:liver size:and tenderness over abdomen Comorbid condition such as cirrhosis hypertension, diabetes mellitus, COPD, HepB if present were recorded. If indicated octreotide infusion was given Investigation such as blood examination for Hb%, blood grouping, coagulation profile, blood urea/serum creatinine ratio and stool for occult blood and USG abdomen was also done.

All patients were subjected to esophagogastro duodenscopy. Endoscopic diaganosis was made in all cases. Biopsy was taken for histopathological examination. H pylori identification by biopsy urease test was done on all peptic ulcer biopsies Upper GI endoscope used was Pentex EG 2930K. The procedure was expliand to patient.10% Xylocaine solution was sprayed in the oropharynx and posterior pharyngeal wall

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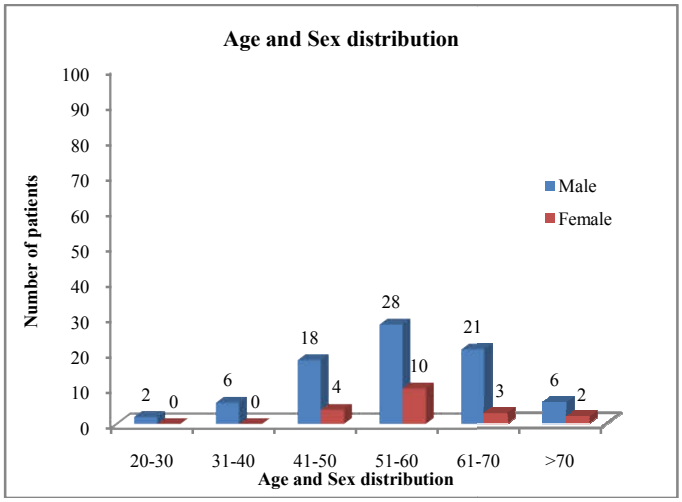
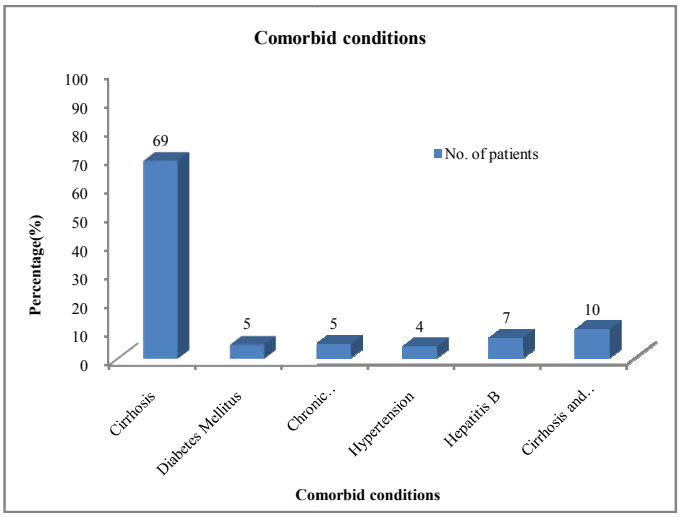
RESULTS

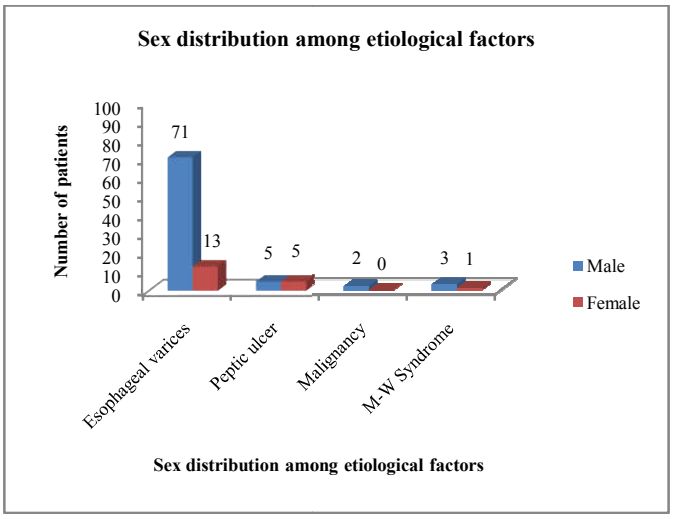
Among the 100 cases UGI was nearly four times more in males compared to females and mean age in this series was 55 years. More than 2/3rd of the patients were alcoholics (majority were males) and smokers Hundreds case of upper GI bleeding were studies in this series. These are admitted cases to AIMS between August 2008 to September 2009for each case history was recorded as per the performa and investigation were done as required. All the cases were subjected to esophaogasteroduedenoscopy upper GI Bleeding was nearly four times more in males compared to females and the mean age in this series was 55 years. More than 2/3rd of patients were alcoholic (majority were males) and smokers. 23% of patients had hypotension and 77% had tachycardia About 83% of patient had bleeding secondary to varices, 13% due to peptic ulcer followed by 2% due to malignancy and remaining 2% due to M-W syndrome Esophagogastroduodenoscopy demonstrated source of the bleeding in all the cases and nature of patients identified were corrected. Biopsy was taken from gastric and duodenal ulcer and mass lession in the stomach and subjected for histopathological examination. Test for Helicobacter Pylori was done on all biopsy samples of gastric and duodenal ulcers. Investigations starting from simple hemoglobin to endoscopic evaluation and Ulrtasound abdomen were very useful for clinical diagnosis USG abdomen was done to look for portal hypertension and in suspected cases of carcinoma stomach for secondaries in liver, peritonium

Observations and Analysis

Hundreds case of upper GI bleeding were studies in this series and data were collected as per criteria mentioned in materials and methods. Most common age group was 51-60 years. symptomatology 60% of patient has heamtemesis alone, 10% had malena alone and 20% had both heamtemesis and malena. Frequency of heamtemesis 72%had one attack and 28%had more than one attack. As of etiology 69% patients had cirrhosis alone, 10% had cirrhosis with diabetes. 70% patients were alcoholics, 30% used to have smoking and alcohol both.77% patients had tachycardia and 23% had hypotension. In endoscopic diagnosis 83% had esophageal varices while 13% had peptic ulcer disease, 2% had malignancy and remaining 2% had Mallory Wesis syndrome.







DISCUSSION

In the present study with previous other studies conducted.

1. Age comparison to previous studies

Study	Present study	Anand *et al.*	Rohatgi *et al*
Mean age(years) SD	55.39 10.40	41	35

The mean age in the present study was 55 years in the present study.

Age group	Present study	Bose *et al.*
20-40 years	8%	50%

2. Sex distribution comparison to previous study

Sex Ratio	Present study	Rohatgi *et al.*	Anand *et al.*	Bose *et al.*
Male : Female	4:1	2:1	3:1	3:1

The sex ratio of acute UGIB cases in the present study (4:1) The present study established the male preponderance for acute UGIB which may be due to the fact that more than half of the patients (70 out of 100) were alcoholic liver disease.

3. Comparison of symptomatology

Hematemmesis and melena were important presenting complaints of acute UGIB in the present study.

	Present study	Rohatgi *et al.*
Hematemesis alone	69%	62.3%
Melena	11%	16.4%
Both	20%	21.3%

The present study correlates well with observation by Rohatgi *et al*, Hematemesis is a important symptom of acute UGIB for which patients seek treatment.

4. Frequency of hematemesis

Out of 100 patients hematemesis was recurrent in 28 patients while a single episode was noted among 72 patients.

Recurrent hematemesis is propably because of higher number of varicea, bleeding cases encountered in the present series which stress the well known fact that variceal bleeding are notorious for recurrent bleeding. Variceal rebleeding is seen in about 30% of patients before varices have been obliterated.

5. In the present study 70% of patients were alcoholic and this was probably responsible for highr number of cirrhosis cases encountered in the present study.
6. In the present study tachycardia is important observation in nearly 2/3rd of patients. This shows the importance of recording pulse rate, acute UGIB and can be used as a rough guide for assessment of acute UGIB.
7. Comparison of endoscopic diagnosis with other studies

Diagnosis	Present study	Anand *et al.*	Rakesh Kocchar *et al,*	Rohatgi *et al.*	Chiochi sugawa *et al.*	Bose *et al.*
Esophageal Varices	83%	45.5%	30-50%	24%	22%	19%
Peptic ulcer	13%	30%	20-35%	18%	33%	54%
Malignancy	2%	-	1-3%	4%	-	-
Mallory Weiss	2%	-	2-5%	3%	-	-
No lesion	0%	-	-	16%	-	-

Variceal bleeding (83%) is the commonest cause of acute UGIB in the present study.

8. Efficacy of esophagogastroduodenoscopy in acute UGIB

In the present study the site of bleeding was correctly demonstrated by endoscopy in 98% of cases. This shows the esophagogastroduodenoscopy is the best way to identify the source of bleeding. The nature of lesion suspected as carcinoma stomach by endoscopy were proved to be correct on histopathological examination.

9. In the present study some patients who had massive bleeding showed normal hematocrit.

A single hematocrit value may not reflect the severity of bleeding because of equilibration with extravascular fluid and subsequent hemodilution requires several hours. Thus the severity of bleeding must not be underestimated because of a slightly depressed or even normal hematocrit. The hematocrit value falls as extravascular fluid enters the vascular space to restore volume, a process that is not complete for 24-72 hours.

10. In the present series, many patients had raised blood urea/ serum creatinine ratio at the time of admission. It correlated well with the presence of acute UGIB.

CONCLUSION

Most common causes of acute UGIB in our study was found to be secondary to esophageal varices, followed by peptic ulcers. More than 2/3 of the patients were alcoholic and smokers. Alcoholics were found to have bleeding mainly from esophageal varices. Acute UGIB was nearly four times common in males compared to females.

Endoscopic study was useful in locating the source of bleeding, therapeutic ligation of bleeding source and taking biopsy for histopathological examination in suspected cases.

The UGI bleed can be avoided by multiple reversible and modifiable risk factors such as abstinence from alcohol and smoking.

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