

## Evaluation Of Aetiology Of Upper Gastro Intestinal Bleeding & Management In The Department Gastroenterology, GGH/ Guntur Medical College, Guntur, A.P. India.

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**Abstract:** Upper GI Bleeding is defined as Bleeding from GIT starting from oral cavity upto Ligamentum of trietz ,it may be either a hematemesis, malena or both. Upper GI bleed is a quiet common problem seen in day to day Gastroenterology OPD., & a detailed 5yrs study was made to assess the etiological factors for UGI bleeding in the period from 2009-2014, in the department of Gastroenterology ,GGH/Guntur Medical college, Guntur,AP.

**Keywords:** Haematomesis,malena,variceal bleeding,EVL,Gastroscopy.

### I. Introduction

Upper GI bleed is a quiet common problem seen in day to day Gastro enterology OPD, the etiological factors were mentioned as follows.

#### Causes of Upper GI bleed

Esophageal - Variceal bleeding  
Malloryweiss tear  
Esophageal cancers  
GERD  
Monilial Esophagitis  
Drug induced ulcers

Ca stomach  
NSAIDS  
Erosions, Ulcers  
Fistulas  
Vascular Ectasias  
Gastropathies  
Fundal varices

Duodenum      Ulcers,  
                    Erosions  
                    Duodenopathy  
                    Cancers  
                    Anuerysms,&Fistulas

### II. Aim of the study

To Evaluate the cause of Upper GI bleed in Pts who attended the GE department from 2009-2014.

### III. Materials and methods

Patients who presents with upper GI bleed to OPD either with on emergency, or with a history of haematemesis or malena ,a detailed history was taken for these cases whether they had alcohol abuse,NSAID intake,fever history,drug history,chronic liver disease ,sudden retching followed by bleed,any systemic vascular disease, chronic renal disease were excluded And the general condition of the pts were assed and investigations were done to know the Hb status ,blood grouping and typing , complete blood counts and viral markers etc.,and these send for Ultrasound to rule out Chronic liver disease,and to rule out malignancies. And those pts who were pallor due to blood loss ,resuscitation done with compatable blood transfusions,and Tranexamic acid

infusions, Inj .Telepressin and iv fluids,antibiotics were given . once the general condition of the pt was stabilized and shifted them to Endoscopy room for Gastroscopy to know the cause for bleeding .And suppose if it is to be a variceal bleeding Ligation of varices done ,and if it is to be a ulcer bleed endo therapy were done with adrenaline injections, and in case of malignancy bleeds biopsy were taken and send for HPE once the biopsy report came these cases were send for surgical department or radiotherapy departments for further management. And in case of Malloryweiss tear we noticed a sponataneous recovery without any intervention.

#### IV. Results

These are different causes for GI bleed recognised for analytical work

Total no pts reported to GE Department in the year of 2009-2014 -10.000	
UGI Bleeding cases	2,760
Variceal causes	1200
Pyloric Ulcer disease	840
NSAIDS	70
Mallory weiss Tear	60
Corrosive ulcers	120
GERD	120
Erosions	300

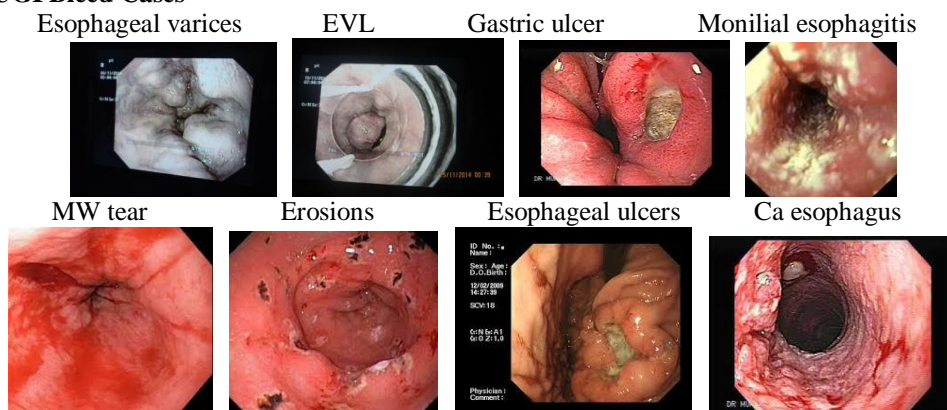
#### V. Conclusion

In our study Variceal bleeding out number among the other causes followed by ulcer diseases ,NSAIDS, erosions, esophagitis, malignancies, we have also reported a rare case of hepatic artery aneurysm which has bled and the clot penetrated into the duodenum and presented as upper GI bleed

#### References

- [1]. British Society of Gastroenterology Endoscopy Committee (October 2002). "Non-variceal upper gastrointestinal haemorrhage: guidelines.". Gut. 51 Suppl 4: iv1–6. PMC 1867732. PMID 12208839.
- [2]. "Are SSRIs associated with upper gastrointestinal bleeding in adults?". Global Family Doctor.
- [3]. Graber CJ et al. (2007). "A Stitch in Time — A 64-year-old man with a history of coronary artery disease and peripheral vascular disease was admitted to the hospital with a several-month history of fevers, chills, and fatigue". New Engl J Med **357** (10): 1029–34. doi:10.1056/NEJMcps062601. PMID 17804848.
- [4]. Sierra J, Kalangos A, Faidutti B, Christenson JT (2003). "Aorto-enteric fistula is a serious complication to aortic surgery. Modern trends in diagnosis and therapy". Cardiovascular surgery (London, England) **11** (3): 185–8. doi:10.1016/S0967-2109(03)00004-8. PMID 12704326.
- [5]. Witting MD, Magder L, Heins AE, Mattu A, Granja CA, Baumgarten M (2006). "ED predictors of upper gastrointestinal tract bleeding in patients without hematemesis". Am J Emerg Med **24** (3): 280–5. doi:10.1016/j.ajem.2005.11.005. PMID 16635697.
- [6]. Ernst AA, Haynes ML, Nick TG, Weiss SJ (1999). "Usefulness of the blood urea nitrogen/creatinine ratio in gastrointestinal bleeding". Am J Emerg Med **17** (1): 70–2. doi:10.1016/S0735-6757(99)90021-9. PMID 9928705.
- [7]. Rosenthal P, Thompson J, Singh M (1984). "Detection of occult blood in gastric juice". J. Clin. Gastroenterol. **6** (2): 119–21. doi:10.1097/00004836-198404000-00004. PMID 6715849.
- [8]. Cuellar RE, Gavaler JS, Alexander JA et al. (1990). "Gastrointestinal tract hemorrhage. The value of a nasogastric aspirate". Arch. Intern. Med. **150** (7): 1381–4. doi:10.1001/archinte.150.7.1381. PMID 2196022.
- [9]. Holman JS, Shwed JA (1992). "Influence of sucralfate on the detection of occult blood in simulated gastric fluid by two screening tests". Clin Pharm **11** (7): 625–7. PMID 1617913.
- [10]. Stanley AJ, Ashley D, Dalton HR, et al. (January 2009). "Outpatient management of patients with low-risk upper-gastrointestinal haemorrhage: multicentre validation and prospective evaluation". Lancet **373** (9657): 42–7. doi:10.1016/S0140-6736(08)61769-9. PMID 19091393. [Risk Stratification and Outpatient Care for Upper GI Bleeding Lay summary].

#### Images of UGI Bleed Cases



#### Analytical Study Showing Different Causes of UGI Bleed

