

# Quantity of Blood Observed in UGI Endoscopy Patients

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## ABSTRACT

Upper gastrointestinal bleeding is gastrointestinal bleeding in the upper gastrointestinal tract, commonly defined as bleeding arising from the oesophagus, stomach, or duodenum. Blood may be observed in vomit or in altered form as black stool. Depending on the amount of the blood loss, symptoms may include shock.

Upper gastrointestinal bleeding can be caused by peptic ulcers, gastric erosions, oesophageal varices, and rarer causes such as gastric cancer. The initial assessment includes measurement of the blood pressure and heart rate, as well as blood tests to determine the haemoglobin.

**Key words:** Upper gastrointestinal bleeding, Oesophagus, Stomach, Duodenum

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## INTRODUCTION

Upper Gastrointestinal bleeding, which most regularly arises from mucosal erosive diseases, account for up to 20,000 deaths yearly. The general prevalence of acute upper gastrointestinal haemorrhage has been assessed to be 50-100 in line with 1,00,000 people according to year, with an annual hospitalization rate of approximately a 100 in keeping with 1, 00,000 health facility admission [1-2].

## MATERIAL AND METHODS

This study was done at Sree Balaji medical college and hospital as a prospective study for a period of 2 years. It included patients who had acute symptoms of upper gastrointestinal bleed and excluded the patients who are a known case of bleeding disorders. Number of patients affected, was studied in relation to age group, estimated amount of total blood loss, incidence of endoscopic findings in UGI bleeding.

## RESULTS

In this study the amount of blood loss was less than 100 ml in 64% of the participants while it was 100 to 1000 ml in 24% of the participants.

The amount of blood loss was more than 1000ml in 7% of the participants. Malena alone was noted in 5% of the study participants.

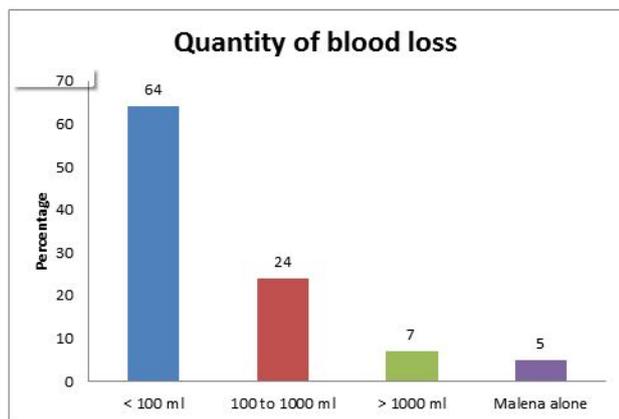
Among gastric ulcer patients 17 had minor hematemesis (<100ml), 6 had moderate hematemesis (100-1000 ml) while 1 patient had more than 1000 ml blood loss.

Among duodenal ulcer patients 14 and 7 had minor and moderate hematemesis respectively. Among gastric erosion cases 8 patients had minor hematemesis and 4 patients had moderate hematemesis.

In patients with oesophageal varies 4 of them had Malena. Carcinoma stomach patient presented with Malena. Among patients with gastric ulcer and duodenal ulcer 2 had major hematemesis (Table 1 and Figure 1).

**Table 1: Proportion of participants with quantity of blood loss.**

Quantity of blood loss	Percentage
< 100 ml	64
100 to 1000 ml	24
> 1000 ml	7
Malena alone	5
Total	100



**Figure 1: Proportion of participants with quantity of blood loss.**

### DISCUSSION

Upper gastrointestinal bleeding can be caused by peptic ulcers, gastric erosions, oesophageal varices, and rarer causes such as gastric cancer. The initial assessment includes measurement of the blood pressure and heart rate, as well as blood tests to determine the haemoglobin. Significant upper gastrointestinal bleeding is considered a medical emergency. Endoscopic stigmas of active or recent bleeding include Active arterial gushing, Oozing of blood, visible vessel, fresh blood, blood clot. Factors effecting the quantity of blood loss include Age, previous gastrointestinal bleeding, Prior gastrointestinal disease, Previous gastrointestinal surgery, underlying medical disorder (specifically liver disease), Use of non-steroidal anti-inflammatory drugs and aspirin, use of

anticoagulation and/or anti-platelet therapy, Abdominal discomfort, Alteration in bowel habits, weight loss, Anorexia, History of oropharyngeal disease. These findings help in the prediction of the treatment and easy assessment of the patient status [3-4].

### CONCLUSION

The study on endoscopic findings in upper gastrointestinal bleed concludes that minor UGI bleed was the commonest presentation. Majority of lesions presented with minor UGI bleed 24% lesions presented as moderate UGI bleed. Only 7% presented as major UGI bleed.

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