

Nonvariceal UGI bleed in chronic liver disease

Dr muthukumaran kalyanasundaram¹, Dr Hardik rugwani²

¹(Assistant professor of mge Department of medical gastroenterology, Stanley medical college chennai tamilnadu, India)

²resident of mge Department of medical gastroenterology, Stanley medical college chennai tamil nadu, India)

Corresponding Author: Dr muthukumaran kalyanasundaram

Abstract:

Aim: to estimate the prevalence of nonvariceal ugi bleed in cld patient who were admitted for ugi bleed method this is retrospective study done in department of mge stanley medical college by collecting data from hospital records from the period of april 2019 to september 2019.

Methods; all patient admitted for ugi bleed in smc hospital who underwent gastroscopy were included in study, demographic data, etiology of liver disease, diagnosis from endoscopy records were collected, frequency was of NVUGIB was calculated as percentage. Results : a total of patients underwent gastroscopy. A total of 112 patients with ugi bleed underwent gastroscopy of which 64 had variceal bleed (57%) while 48 patients (42%) had NVUGIB

Keywords: UGI bleed, variceal bleed, nonvariceal UGI bleed (NVUGB), chronic liver disease)

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I. Introduction

Variceal bleed is one of the dreaded complications of CLD. However not all ugi bleed in patients with cld are due to bleeding from varices. It is estimated 40 to 55% have non variceal source of bleed. Gabr MA et al reported an incidence of 24.5% in Nile delta in Indian J Gastroenterol. 2016 Jan; 35. However the incidence in India particularly in South India is not known, hence we decided to estimate the prevalence in this retrospective study, the non variceal prevalence and various etiology will guide the endoscopist to be better prepared for tackling the source of bleed.

Aim

1) To estimate the prevalence of nonvariceal bleed in chronic liver disease. 2) To identify various etiology of NVUGI bleed

II. Study And Materials

Study design

retrospective cross sectional study.

Inclusion criteria

Patients with who were diagnosed to have chronic liver disease (CLD) by combination of clinical, radiological, histological, and endoscopic features who were underwent OGD for UGI bleed

Exclusion criteria

Patient not consented for ugi scopy,those who did not undergo endoscopy,were excluded from study

Studyperiod

April 2019 to september 2019

Study methods

Data was collected from hospital records of patient who underwent uppergi endoscopy after initial resuscitation .all patients underwent endoscopy with in 12 hours of presentation,data regarding etiology of liver disease,source of bleed ,non variceal and variceal source were collected and expressed in percentage. A total of 112 patient underwent upper gi endoscopy in our department in study period from april2019 to September 2019

III. Results

Of 112 patients most of them were male(100) in our study while 12 patients were female.mean age of the patient was 48.1

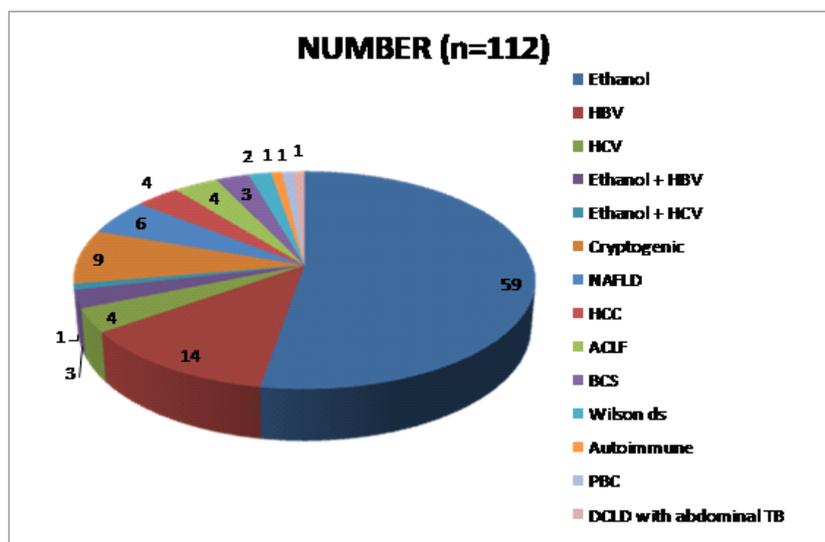
MEAN AGE= 48.17±10.65

MEAN AGE FEMALES (n=12) = 50.25 ± 10.56

MEAN AGE MALES (n=100) = 47.94 ± 10.41

ETIOLOGY OF CIRRHOSIS

ETIOLOGY	NO. (%)
Ethanol	59 (52.67)
HBV	14 (12.5)
HCV	4 (3.57)
Ethanol + HBV	3 (2.67)
Ethanol + HCV	1 (0.89)
Cryptogenic	9 (8.03)
NAFLD	6 (5.35)
HCC	4 (3.57)
ACLF	4 (3.57)
BCS	3 (2.67)
Wilson ds	2 (1.78)
Autoimmune	1 (0.89)
PBC	1 (0.89)
DCLD with abdominal TB	1 (0.89)



Most common cause of liver disease was alcohol related accounting for almost 60%, hepatitis b was second most common cause. some patients had multiple risk factors

PRESENTATION OF GI BLEED

PRESENTATION	NUMBER	%
MINOR UGI BLEED	63	56.25
MAJOR UGI BLEED	31	27.67
MALENA	16	14.28
HEMATOCHEZIA	2	1.78

Majority of the patients had minor ugi bleed 56%
16/112 (14%) had come with only malena

ETIOLOGY OF GI BLEED (n=112)

ETIOLOGY	NUMBER	%
Esophageal varices Grade I	7	6.25
Grade II	16	14.28
Grade III	28	25
GOV	9	8.03
IGV	3	2.67
Duodenal ulcer	11	9.82
Gastric Ulcer	3	2.67
Varices + Ulcers	3	2.67
Mallory Weiss tear	5	4.46
PHG only	9	8.03
GAVE	1	0.89
Normal study	3	2.67
Post EVL ulcer	2	1.78
Distal esophagitis	5	4.46
Eso. Candidiasis	6	5.35
Duodenal Polyp(NETs)	1	0.89

Total Variceal cause of GI Bleed- 66/112-- 58.92%. Non – Variceal cause of GI Bleed – 49/112—43.75% Though variceal bleed is more common in CLD 58%.43% have non variceal source of bleed. duodenal ulcer is commonest case of non variceal bleed. (10)

IV. Conclusion

1) Non variceal source of bleed is common in chronic liver disease. 2) complete upper GI endoscopy is mandatory in chronic liver disease patients for optimal management for patient (10)

References

Journal Papers:

- [1]. non-variceal upper gastrointestinal bleeding in cirrhotic patients in Nile Delta. *Gabr MA, Tawfik MA, El-Sawy AA. Indian J Gastroenterol. 2016 Jan; 35(1):25-32. Epub 2016 Feb 17.*
- [2]. Non-variceal gastrointestinal bleeding in patients with liver cirrhosis: a review. *Kalafateli M, Triantos CK, Nikolopoulou V, Burroughs A. Dig Dis Sci. 2012 Nov; 57(11):2743-54. Epub 2012 Jun 4*

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