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A Reconsideration of the Diagnosis and Management of Gastrointestinal Bleeding Based on its Epidemiology and Outcomes Analysis

Salmaan Jawaid  
*University of Massachusetts Medical School*

Neil Marya  
*University of Massachusetts Medical School*

Bilal Gondal  
*University of Massachusetts Medical School*

*See next page for additional authors*

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Presenter Information
Salmaan Jawaid, Neil Marya, Bilal Gondal, Louise Maranda, Christopher Marshall, Joseph Charpentier, Anupam Singh, Anne Foley, and David R. Cave

Comments
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A reconsideration of the diagnosis and management of gastrointestinal bleeding based on its epidemiology and outcomes analysis


Department of Internal Medicine, Univ. of Massachusetts Medical Center
Departments of Medicine and Quantitative Health Sciences**

**Background:** Traditionally, gastrointestinal bleeding (GIB) has been divided into upper and lower GIB with little consideration of the small bowel as a source. Furthermore, melena is generally included in the upper category, despite its poor localization value. We analyzed 341 consecutive GIB patients to see if those presenting with melena/hematocheiza have less efficient evaluations then when compared to those presenting with hematemesis.

**Methods:** A retrospective analysis was performed for 341 consecutive patients admitted to our ED with GIB over a year. Cohorts were separated based on presenting symptom to the ED, hematemesis (G1) and non-hematemesis (G2). Data obtained included demographics, diagnosis, number and type of procedure, diagnostic yield of each procedure, hours to diagnosis, ICU days, and total hospital days.

**Results:** G1 (n=105, 62%M) was younger than G2 (n=231, 53%M) with a mean age of 54 vs. 66, p≤0.001. 78% and 98% of patients were admitted to the hospital in G1 and G2 respectively (p=0.02). Median time to diagnosis was 14.0 hours and 20.0 hours for G1 and G2 respectively (p≤0.001). Median number of days in the ICU was 3.0 in both groups, and median number of hospital days was 3.0 for G1 vs. 4.0 for G2 (p=0.267). In G1, the 1st procedure was diagnostic 69% of the time vs 54% for G2 (p=0.07). The overall diagnostic yield for EGDs in G1 was 58% vs. 51% in G2 (p=0.279). Colonoscopies overall were diagnostic 39% of the time in G2 and, interestingly, VCEs were the most diagnostic, yielding a diagnosis 74% of the time in G2 (n=34). Unexpectedly, those admitted in G1 had a confirmed diagnosis only 61% of the time compared to 62% in G2.

**Conclusion:** Our data suggests that a portion of patients presenting with non-hematemesis (G2) are inefficiently managed and a search for an alternative strategy is warranted. Early deployment of VCE may be a more efficient and economic option, although prospective evaluation of this concept is needed.

Contact info: Salmaan.Jawaid@umassmemorial.org