Background

UGIB or LGIB? Ligament of Trietz

Common DX:
- UGIB: 48-160/100K ppl/yr
- LGIB: 20/100K ppl/yr

Causes

UGIB
- PUD
- Erosive Disease
- Varices
- Esophagitis
- MW Tear

LGIB
- Diverticul
- Hemorrhoids
- Polyps
- Colorectal Ca
- Ischemia
- Angiodysplasia
- Colitis

Clinical Pearls

UGIB: Black Stool/Melena, BUN/Cr>30

LGIB: Clots, Hx LGIB, BUN/Cr>30

Low Risk: Send Home?

Glasgow Blatchford Score (GBS)
- 2000
- Correlates with Mortality, Need for TX/F, risk of re-bleeding, need for urgent EGD
- Low Score 99% did not need urgent re
- Validated by Stanley 2009: Score 0 = No need for intervention on follow up

Clinical Rockall Score (CRS)
- 1996
- Identifies 15% of all cases and 26% of post endoscopy cases who are at low risk of re-bleeding and could potentially be sent home or outpatient treatment

GBS and CRS compared by Chandra 2009
- 5% defined as low risk had re-bleeding with 90days
UGIB Clinical Risk Scores
Glasgow-Blatchford, Clinical Rockall

<table>
<thead>
<tr>
<th>LOW RISK GBS</th>
<th>LOW RISK CRS</th>
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</thead>
<tbody>
<tr>
<td>BUN &lt;18.2mg/dL</td>
<td>Age &lt;60</td>
</tr>
<tr>
<td>HB Male: &gt;13, Female: &gt;12</td>
<td>SBP =&gt; 100</td>
</tr>
<tr>
<td>HR &lt;100</td>
<td>No: HF, CAD, RF, LF, Malignancy, &quot;other major comorbidity&quot;</td>
</tr>
<tr>
<td>No Syncope, Melena, Liver Disease, Heart Failure</td>
<td>No: HF, CAD, RF, LF, Malignancy, &quot;other major comorbidity&quot;</td>
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Further Understanding
Cebollero-Santamaria 1999
- >65, Hematemesis or melena 7 days or HCT drop >5% with Orthostasis, low BP
- P-Orthostatic, Cerebral, AV, dx, check Orthos
- 110 Bp when sitting >90
- Lab Risk +1 and a Minor Criteria - None
- Lab Risk +2 and Minor at 8 Minor - Effortful
- "High Risk" >90 (3 criteria)
- "Very High" >90 (5 criteria)
  - Major: Cardiac, Respiratory, Cerebral, Coagulopathy, Social, TDF, CVA
  - Minor: Mild Cardiac, COPD, IV, Syn, Compensated LD, CRF/HD, INR<1.5, Remote CVA, Poor Nutrition

Further Understanding
Cebollero-Santamaria 1999 Outcomes:
- 29% Treated as OPD = No re-bleeding
- 25% required ICU
- 46% 23hrs: 7% of these re-bleeding
Small numbers, no validation

2009 Cooper: Medicare Patients treated as an Out Patient had a 6.3% 30-day Mortality Rate
- Suggests a role for Observation Units

Case #1 Old Melena
HX: 76F, DVT/IVCF/Neuro, HTN, HL, LungCa resected
PC: 1 week melena
Gradually darkening stools
Light headed, worse with standing
Anorexia
Office visit: DRE Heme Pos -> ED
ED W/U: HR72, BP134/68 Not Orthostatic, RR16, HB:12.9/BUN:20
GBS: Low Risk
- BUN <18.2mg/dL
- HB Male: >13, Female >12
- SBP >109
- HR <100
- No: HF, CAD, RF, LF, Malignancy, "other major comorbidity"
CRS: Low Risk
- Age <60
- SBP => 100
- No: HF, CAD, RF, LF, Malignancy, "other major comorbidity"

Case #2 Young Melena
HX: 21F, 10AVB
PC: Melena
Recent Menstrual Cramps, took Motrin/Aleve, Binge Drink last night
N/V before bed, awake unusal 2 black tarry BMs
ED: HR122, BP146/82, HxSA, DRE Guiac pos, HB:10/BUN:30
GBS: Low Risk
- BUN <18.2mg/dL
- HB Male: >13, Female >12
- SBP >109
- HR <100
- No: HF, CAD, RF, LF, Malignancy, "other major comorbidity"
CRS: Low Risk
- Age <=60
- SBP => 100
- No: HF, CAD, RF, LF, Malignancy, "other major comorbidity"

Case #3 Old BRBPR
HX: 84F, ESRD/HD, DM2, PAF/Eliquis, COPD 2L, Previous GIB (AVM), Dementia
PC: PRBPR
- DCU 2 days prior for Same transfused 2 Units, stopped Eliquis, no aggressive tx
- Care facility noted BM with Blood Mixed in a 1
ED: HR120, BP124/88 Orthostatic: Yes, HRSA, HB:10/BUN:40, DRE Frank Blood
GBS: Low Risk
- BUN <18.2mg/dL
- HB Male: >13, Female >12
- SBP => 100
- HR <100
- No: HF, CAD, RF, LF, Malignancy, "other major comorbidity"
Suggested Approach to Obs

INCLUSION
- Suspected GIB
- Low Risk Score
- GBS 0 (higher if support)
- Not Orthostatic after 1 liter

EXCLUSION
- Hemodynamic Instability
- Persistent Orthostasis
- Evidence of Active Bleeding in ED
- Recurrent Hematemesis, BRBPR
- Coagulopathy

Case Outcomes

Case #1 Old Melena
- HH: Stable
- EGD: neg, Colo: no Bleeding, 6 polyps removed, Tics found
- LOS: 2 days

Case #2 Young Melena
- HH: No further drop
- EGD: Body erythematous, Bx done
- LOS: 1 day

Case #3 Old BRBPR
- HH: Drop to 7.5, TFX 2 Units
- Colo: Limited clotted blood, EGD: No source
- LOS: 7+ days

Observation Unit Management: Treat

2 Large Bone I.V.
Serial Assessments
- Vital Signs, Physical Examinations, Laboratory Testing
- NPO Status

Proton Pump Inhibitors:
Reduce serious findings and need for endoscopic rx, but don't improve re-bleeding, need of surgery, or risk of death
EGD: <24hrs has been shown to reduce mortality in Higher Risk Patients
Colonoscopy: May require prep. Consider need of Tc99RBC Scans or Angiography or even Emergency Surgery!

Observation Unit Management: Home

Clinical Stability:
- Stable Vital Signs
- No recurrent bleeding
- Stable stool frequency
- HB: Stable
- Endoscopy Stable

Educate! STOP MOTRIN!

Sources