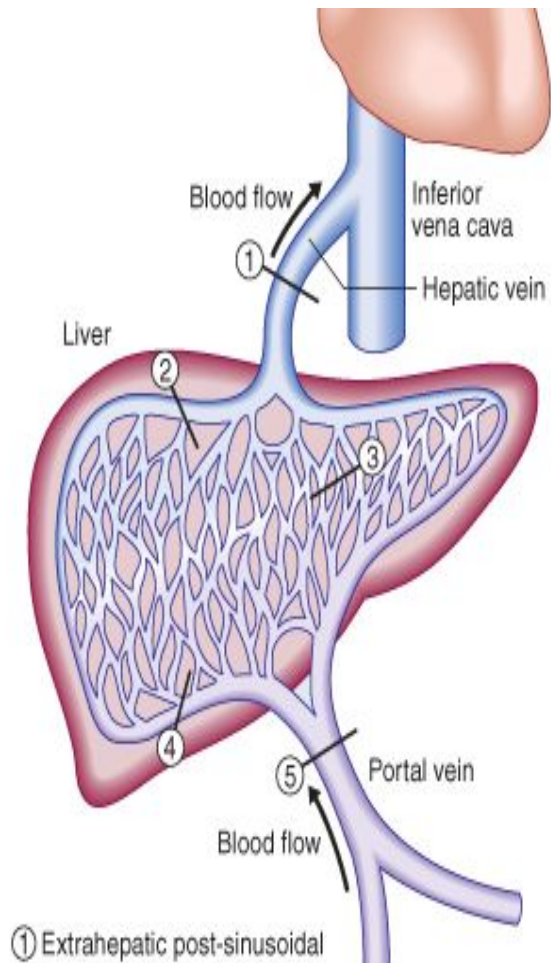


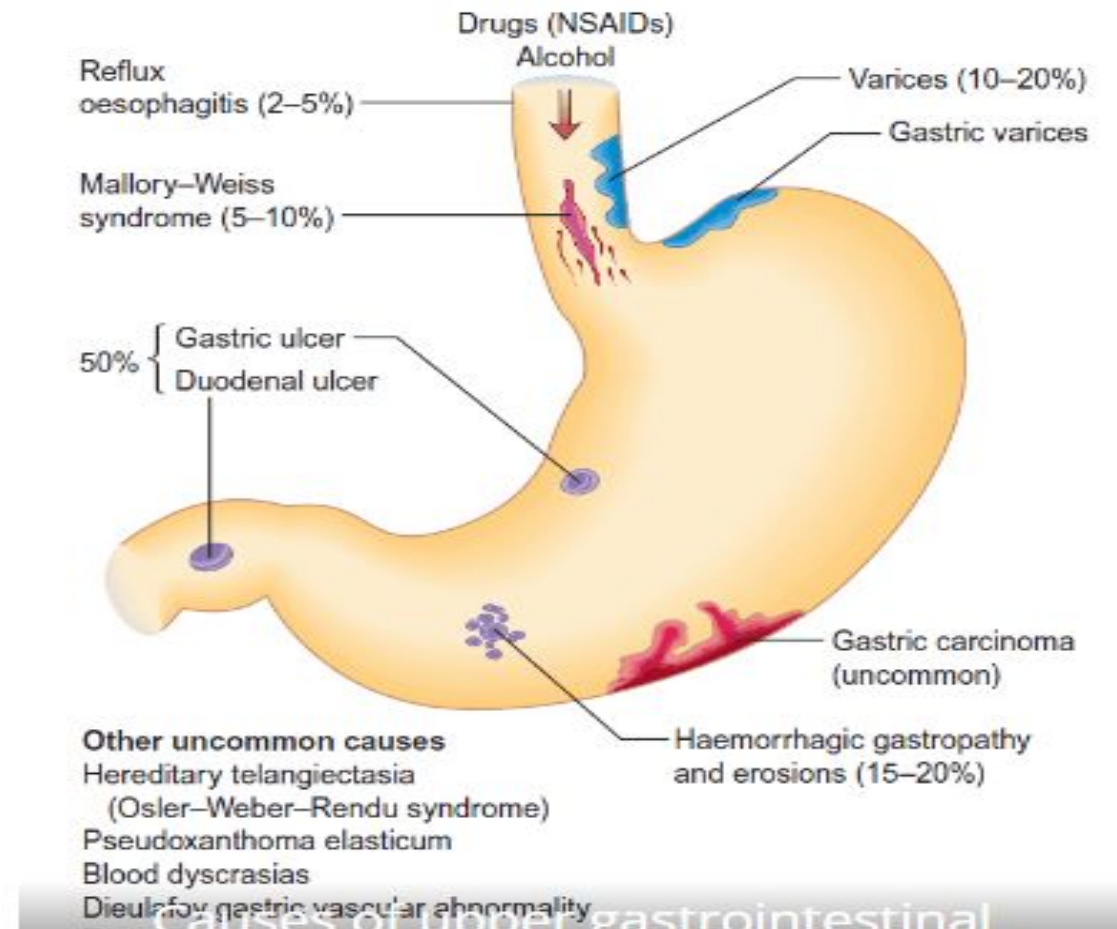
# **GASTRO-INTESTINAL BLEEDING CAUSES**

# UPPER GASTROINTESTINAL BLEEDING

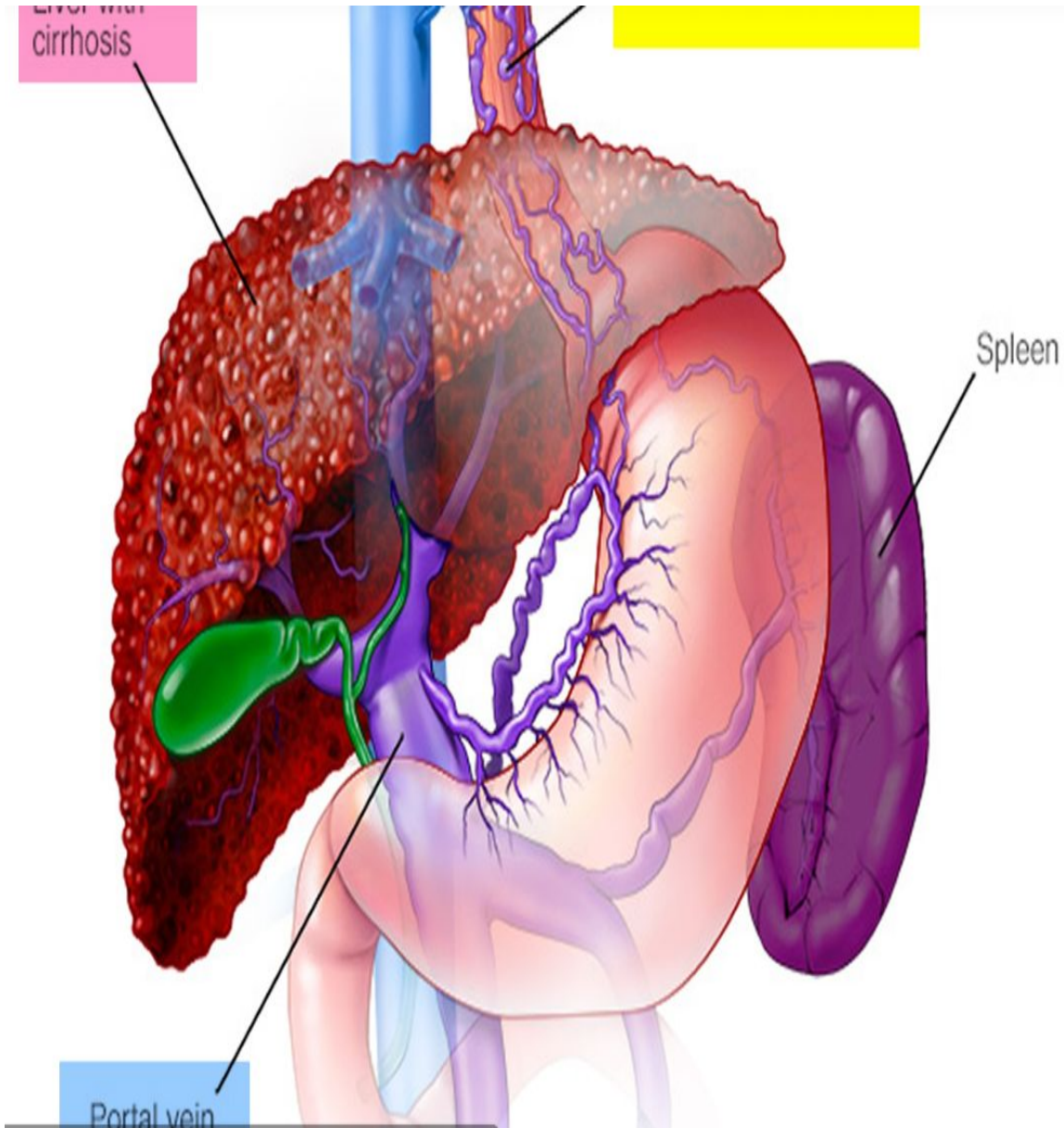
## VARICEAL CAUSES



## NON-VARICEAL CAUSES

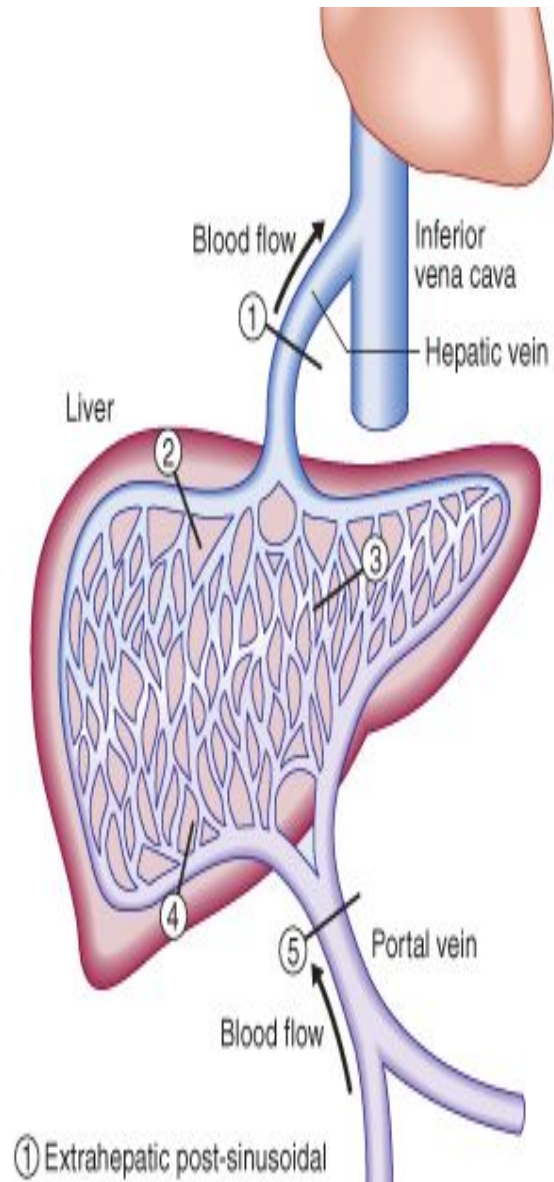


# VARICEAL BLEEDING

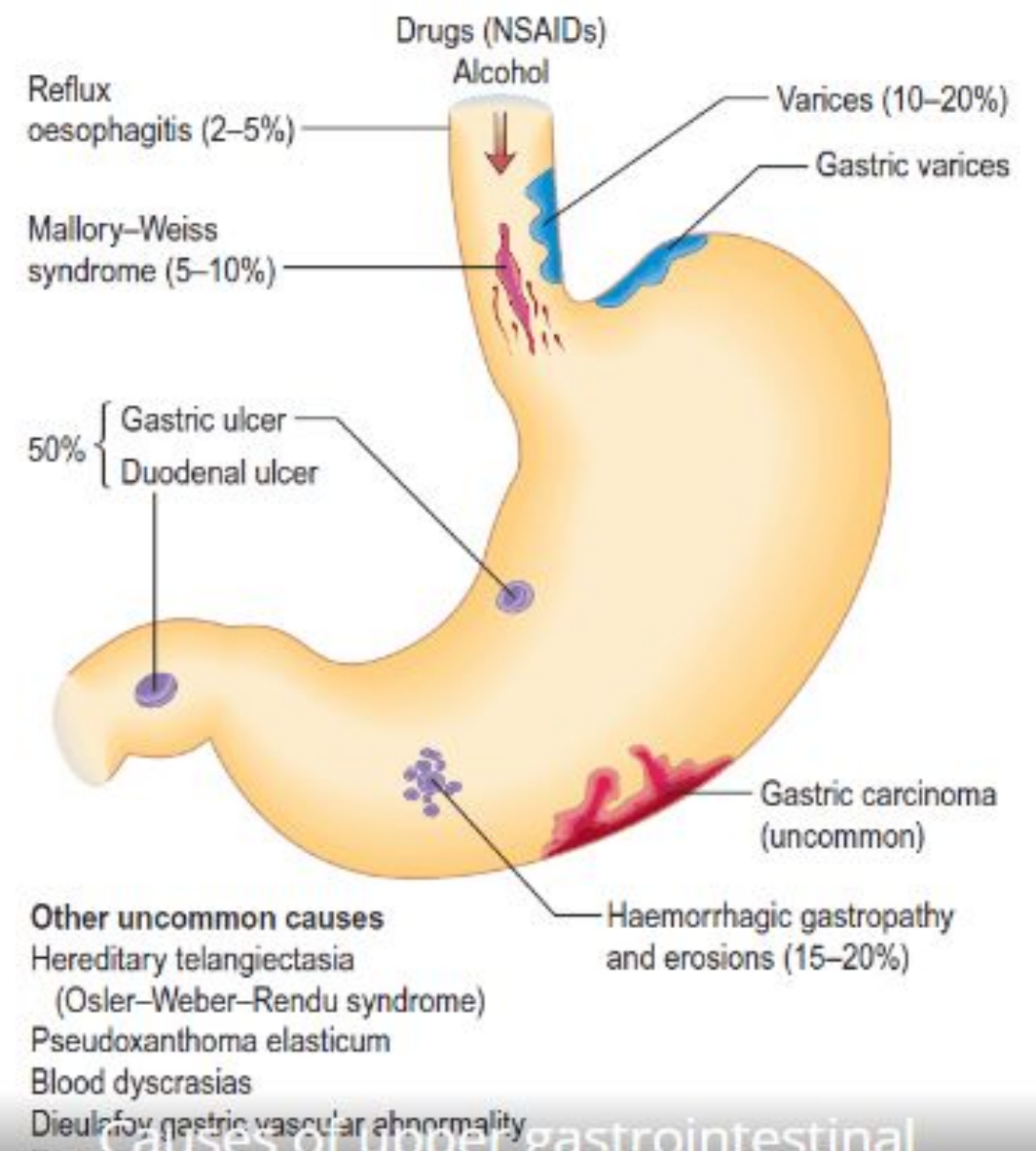


- Portal venous pressure (normally 2-5 mmHg).
- Portal hypertension above 12 mmHg.
- Esophageal varices develop when portal pressure  $>10$  mmHg
- so blood gets pushed back through alternative routes in order to reach the heart rather than going through the liver.
- Esophageal varices develop when normal blood flow to the liver is blocked by a clot or scar tissue in the liver.
- To go around the blockages, blood flows into varices that aren't designed to carry large volumes of blood. The vessels can leak blood or even rupture, causing life-threatening bleeding.

## VARICEAL CAUSES

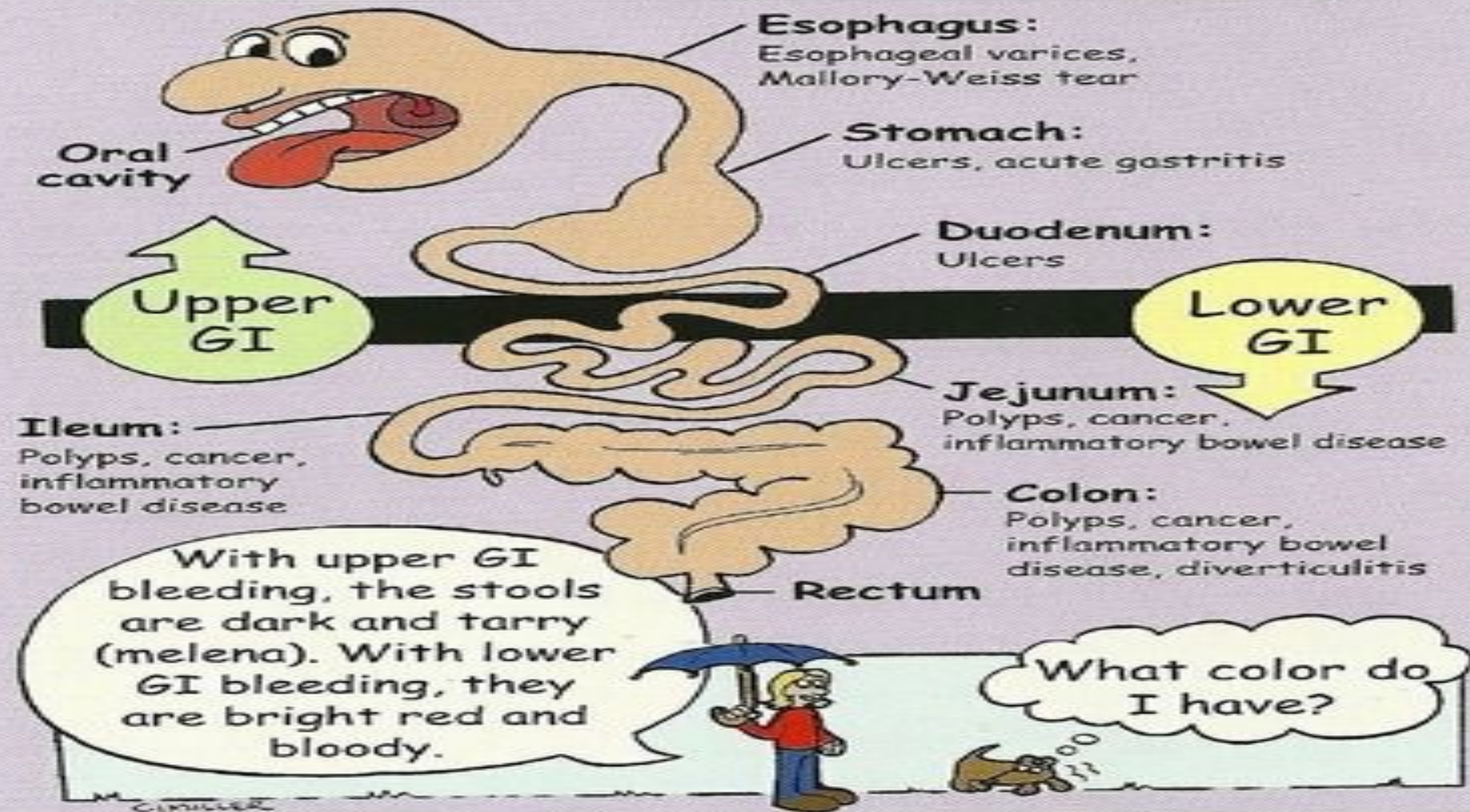


## NON-VARICEAL CAUSES





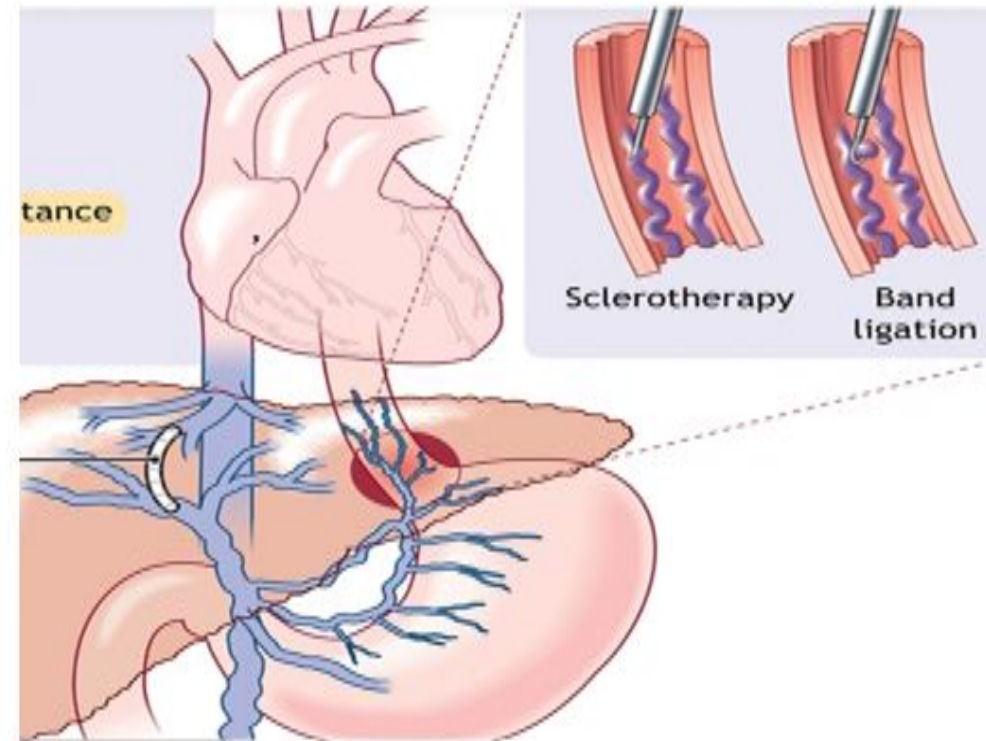
# GASTROINTESTINAL BLEEDING



# MANAGEMENT

## PRIMARY PREVENTION

- Primary prophylaxis = routine screening by endoscopy of all patients with cirrhosis.
- Once varices that are at increased risk for bleeding are identified, then prophylaxis can be achieved either through nonselective beta blockade or by variceal band ligation.
- Individuals with compensated cirrhosis and absence of varices should undergo screening esophagogastroduodenoscopy every 2 to 3 years



# ACTIVE BLEEDING PATIENT

## 1. RESUSCITATE

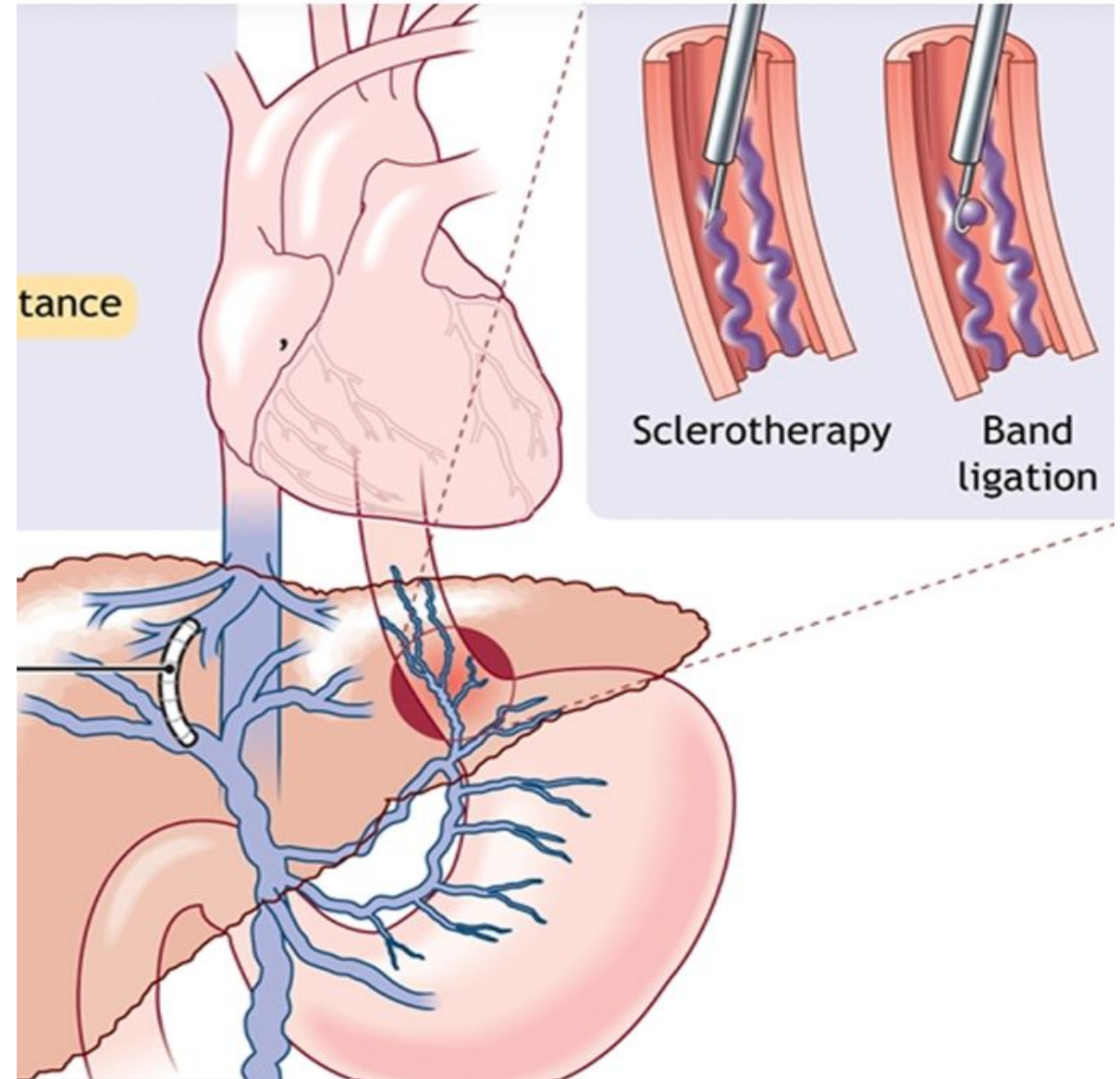
- First to treat the acute bleed, which can be life-threatening, and then to prevent further bleeding.
- Prevention of further bleeding is usually accomplished with repeated variceal band ligation until varices are obliterated.

## 2. FIND CAUSE

## 3. TREAT CAUSE



Vasoconstrictor	IV octreotide (50 µg bolus then 50 µg/hour infusion x 2 to 5 days)
	IV terlipressin (2 mg every 4 hours for first 48 hours, followed by 1 mg every 4 hours x 2 to 5 days)
Antibiotic Prophylaxis	IV ceftriaxone 1 gm daily x 7 days (preferred in Child class B and C)
	Oral norfloxacin 400 mg twice a day x 7 days
Endoscopic Therapy	Endoscopic variceal ligation (preferred)
	Endoscopic variceal sclerotherapy
Salvage Therapy	Balloon tamponade (only temporary, maximum 24 hours)
	Transjugular intrahepatic portosystemic shunt





EYALAMA NOI