Bedside Esophagogastroduodenoscopy (EGD) for Upper Gastrointestinal Bleeding in Hospitalized Patients: Findings and Impacts on Patient Management

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Background: The role of bedside esophagogastroduodenoscopy (EGD) on (Upper Gastrointestinal bleeding) UGIB in critically illness patients, regardless of etiology is unclear.

Objective: To perform a descriptive analysis to study a change of patient management by the need for endoscopic intervention, surgery or specific medical therapy other than blood transfusion and proton pump inhibitor (PPI).

Methods: A restrospective data was collected from medical records during April 2016-2011. Patients who underwent bedside EGD were classified as having and not having clinically significant bleeding. Findings and management on bedside EGD were collected and categorized for further specific treatment or only PPI intravenous or blood transfusion.

Results: 156 patients who underwent bedside EGD were included in the study. 83% and 14% of patients were with and without clinically significant bleeding, respectively. Stress-related mucosal disease (SRMD) was the most common (51%) causes of bleeding. It had an impact in 49% and 68% of patients with and without clinically significant bleeding. Further management other than PPI and blood transfusion was noted more frequently in patients with clinically significant bleeding than those without (35% vs 5%, p = 0.007).

Conclusion: The most common cause of UGIB in patients who need bedside EGD is SRMD. Bedside EGD in critical patients who develop UGIB has an impact on the management of patients with clinically significant bleeding by giving endoscopic intervention therapy or other specific treatments to decrease morbidity and mortality at proper time.

Keywords: Endoscopy, Upper gastrointestinal bleeding, Management