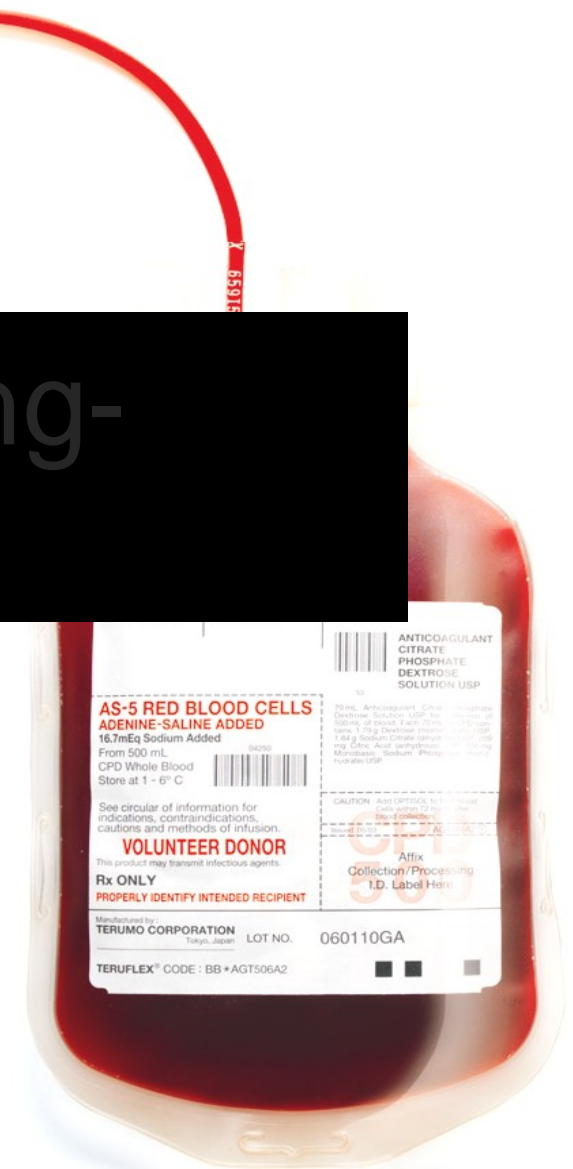


Gastrointestinal bleeding- when to worry

S KOO

GASTRO SPR UHND



01:00

Case

→ A&E

70 year old gentleman presented overnight with 3 day history of haematemesis and malaena


No abdo pain

Recent anterior resection for sigmoid ca 3/52 ago.
Episode of haematemesis and malaena as in-patient post op, OGD revealed oesophagitis and gastritis

PMH:

- IHD, drug eluting stent inserted Nov 2013
- Anterior resection for sigmoid ca

DHX:

- Aspirin 75mg
 - Prasugrel 10mg
 - Omeprazole 40mg BD
 - Bisoprolol 5mg
 - Ramipril 5mg
 - Atorvastatin 80mg
- 

01:00

Admission

- Obs: P 130 BP 80/50 RR24
- O/E: GCS 15, alert. Cool peripheries. Appears dehydrated. Abdo- soft non tender. PR- malaena.

Given 1L crystalloids stat, and IV PPI

Transfused 2 units




Bloods:

- On admission:
 - Hb 96, MCV 93.1, Plt 269, coag profile normal
 - Na 142, K 4.5, Ur 19.4, creat 56
- 7 days prior:
 - Hb 130, Urea normal

Medical review

- Repeat obs – P118 BP 92/50, UO satisfactory
- O/E cool peripheries, alert
- Further iv fluids given

Impression:

- likely oesophagitis and gastritis
 - blatchford score 13
 - continue iv fluids
 - OGD in the morning
- 

05:00

→MAU

Further review

- P 100 SBP 110
- Hb 94 (post 2 units transfusion), continue with iv fluids

1 hourly obs through the night and morning: P100-120
BP100-120

09:00

PTWR: similar impression

- Continue iv fluids
- Repeat Hb, transfuse if Hb drops
- Await OGD

11:00

Transferred to endoscopy for OGD next morning,
repeat obs were P 140 BP 70/50

Sent back up to ward for fluid resuscitation

- Urgent review- stat bolus iv fluids and 3rd unit transfusion
- Repeat Hb 73

15:30

Further review sought- P110, SBP100-110

Further stat fluid bolus, and 4th unit of transfusion

Repeat Hb 72

17:30

OGD: Oesophageal ulcer at 34cm with secondary clot and oozing. Treated with adrenaline, endoclip and haemospray.

OGD plan: Aim Hb >10

Post OGD given further stat bolus of iv fluids

First 24 hours: In total received 6L fluids including 4 units of packed red cell

Next morning Hb 68

Further 4 units of blood transfusion to maintain Hb 90-100

Cardiology advice sought- ok to stop prasugrel, continue aspirin. But if needs be, okay to stop aspirin.

Subsequent repeat OGD: oesophageal ulcer still to heal, no signs of active bleeding, to omit antiplatelet further 5 days.

Retrospectively, previous OGD review

- grade D severe ulcerative oesophagitis, no active bleeding. Patch og gastritis in stomach. For repeat OGD in 4-8 weeks.

In the end...

Patient survived and discharged.

Aspirin restarted after discharge with high dose PPI, and repeat OP OGD organised

Discussion..

Can a previous OGD falsely reassure us?

Tachycardia that does not settle- signs of ongoing bleed

Hb as a guide of resuscitation?

Endoscopist on call- 24/7 rota