

GASTROINTESTINAL BLEEDING

- Hematemesis
- Melena
- Hematochezia
- Occult bleeding

CLINICAL PRESENTATION

- Clinical manifestations of GI bleeding depends upon extent & rate
- Postural hypotension suggests acute hemorrhage & intravascular volume depletion
- Fatigue & exertional dyspnea typical symptoms with slow, chronic blood loss

ETIOLOGY OF UGI BLEEDING

- Differential diagnosis is extensive
- Major causes;
 - PUD
 - Esophageal/Gastric Varices
 - Esophagitis
 - Mallory-Weiss tear

ETIOLOGY OF LOWER BLEED

- Anal and rectal lesions
- Colonic lesions
- Diverticula

HISTORY

- Consider factors that may cause false + FOBT
- Postural hypotension helps determine need for hospitalization
- H/O PUD, recent use of NSAIDs
- Weight loss & change in bowel habits
- H/O liver disease, ETOH abuse, inflammatory bowel disease

PHYSICAL

- Orthostatic changes in pulse & BP
- Cardiopulmonary
- Skin
- Examine oral cavity & nasopharynx
- Lymph nodes
- Abdomen
- Digital rectal

DIAGNOSTIC TESTS

- CBC
- PT, PTT
- Other lab tests relevant to physical findings
- Upper endoscopy if stable
- Colonoscopy

INDICATIONS FOR ADMISSION & REFERRAL

- Admit pts with h/o recent brisk bleeding & orthostatic changes
- Admit pts with less severe blood loss who have comorbid conditions aggravated by anemia
- Profound anemia with no evidence of blood loss
- Refer pts who are candidate for endoscopy or colonoscopy when source of bleeding is elusive
