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Mortality and Need of Surgical Treatment in Acute Upper Gastrointestinal Bleeding: A One Year Study in a Tertiary Center with a 24 Hours / Day-7 Days / Week Endoscopy Call. Has Anything Changed?

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Abstract
Background: Acute upper gastrointestinal bleeding, previously often a surgical problem, is now the most common gastro-enterological emergency.
Aim: To evaluate the current situation in terms of mortality and need of surgery.
Subjects and methods: Retrospective non-randomised clinical study performed between 1st January-31st December 2011, at "Professor Dr. Octavian Fodor" Regional Institute of Gastro-enterology and Hepatology in Cluj Napoca. 757 patients with upper gastrointestinal bleeding were endoscopically examined within 24 hours from presentation in the emergency unit. Data were collected from admission charts and Hospital Manager programme. Statistical analysis was performed with GraphPad 2004, using the following tests: chi square, Spearman, Kruskall –Wallis, Mann-Whitney, area under receiver operating curve.
Results: Non-variceal etiology was predominant, the main cause was bleeding being peptic ulcer. In hospital global mortality was of 10.43%, global rebleeding rate was 12.02%, surgery was performed in 7.66% of patients. Urgent haemostatic surgery was needed in 3.68% of patients with nonvariceal bleeding. The need for surgery correlated with the postendoscopic Rockall score (p=0.0425). In peptic ulcer, the need for surgery was not influenced by time to endoscopy or type of treatment (p=0.1452). Weekend (p=0.996) or night (p=0.5414) admission were not correlated with a higher need for surgery.
Conclusions: Over the last decade, the need for urgent surgery in upper gastrointestinal bleeding has decreased by half, but mortality has remained unchanged.
Key words: upper digestive bleeding, endoscopic hemostasis, surgery, mortality

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