



Upper GI BLEEDING

causes

-Chronic Peptic ulcer a-gastric •

b- •

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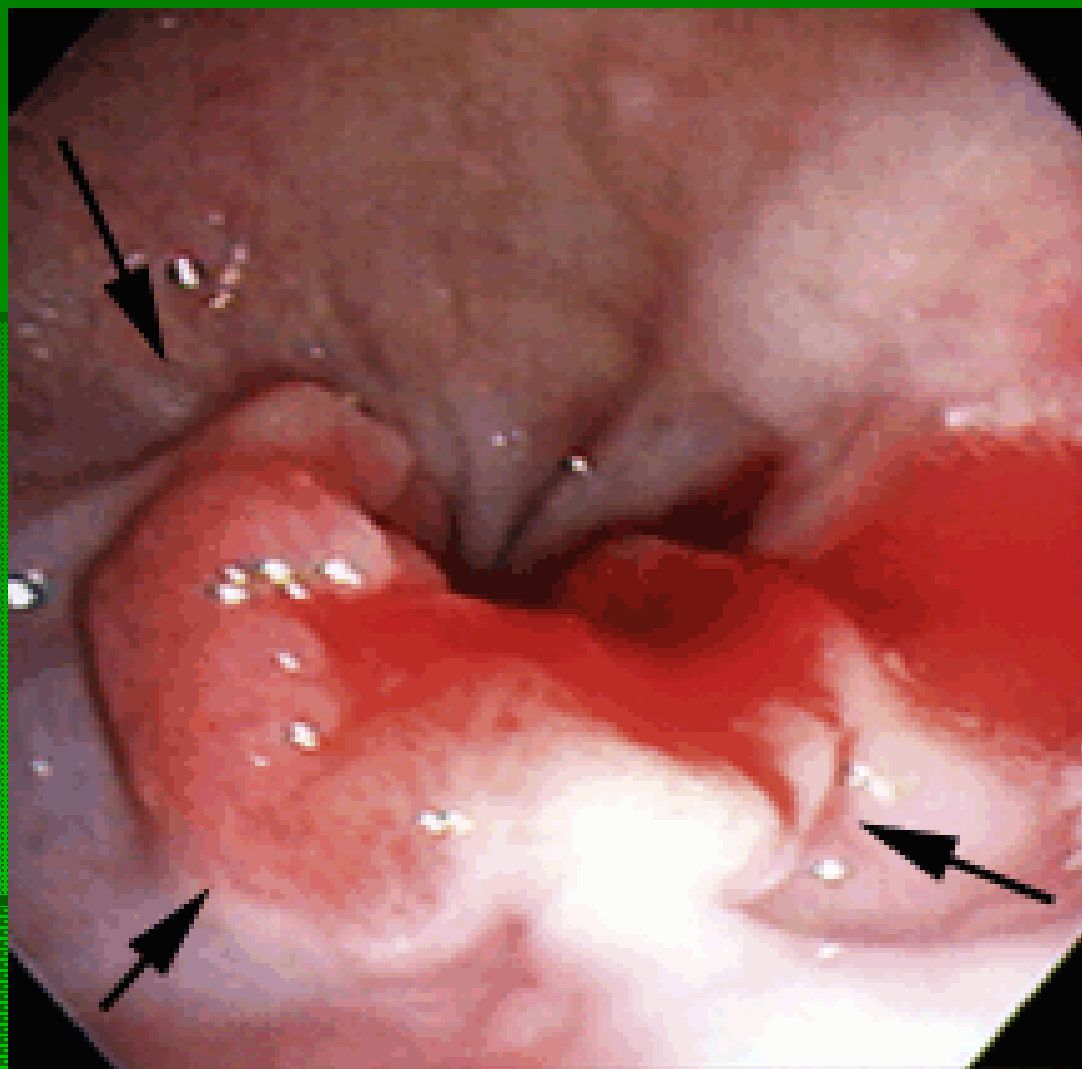
-Acute peptic ulcer •

- esophageal varices •

-gastric neoplsia (benign •
&malignant)

-Mallory-wiess tear •





Cancer in Lower Esophagus

Management of haematemesis and melaena

1-patient should be resuscitated **n**

2-urgent investigation to identify the cause of **n** bleeding

Resuscitation

- 1- IV. Line and central line •
- 2-prepare blood (cross-match) •
- 3-fluid and blood replacement •

Peptic ulcer

Medical and interventional treatment

1-H2 blockers ○

2-PPI ○

3-tranexamic acid (inhibitor of fibrinolysis) ○

4-endoscopy a- injection ○

 b-lazer ○

Peptic ulcer

surgical treatment (indications)

- 1-Continuous bleeding |
- 2-Significant re-bleeding |
- 3-visible vessel in the ulcer base (spurting or | clot)
- 4-elderly patient |

Stress ulcers

these are a group of acute ulcers develop in patients who sustain severe trauma, or MI, or sepsis

Cushing ulcer; this occurred in head injury, neurosurgical operation. due to increased gastrin & gastric acid secretion

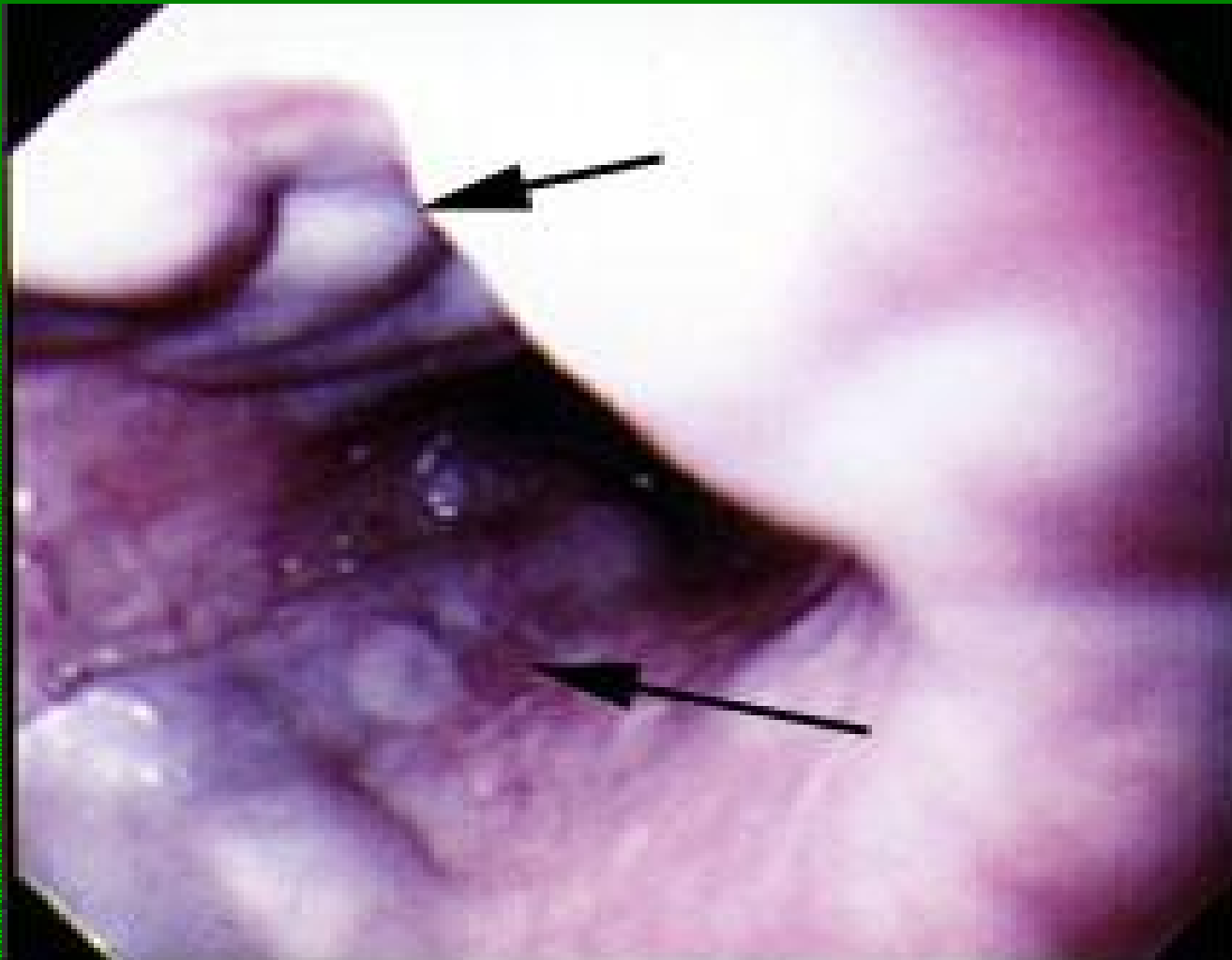
Curling ulcer; it occurs after severe burn, >35% surface area
Treatment; by medical treatment, anti acid, H₂ – blockers (cimetidine), improve general condition of the patient. Surgical operation may be needed

Mallory-wiess tear 

Gastric erosions 

Gastric tumors 





Esophageal Varices


Esophageal varices

(portal hypertension)

1-resuscitation a- peripheral & central line 

b-prepare blood (10 unit) 

2-liver function 

3-coagulation profile (need Vit K ,fresh frozen plasma ,platelet) 

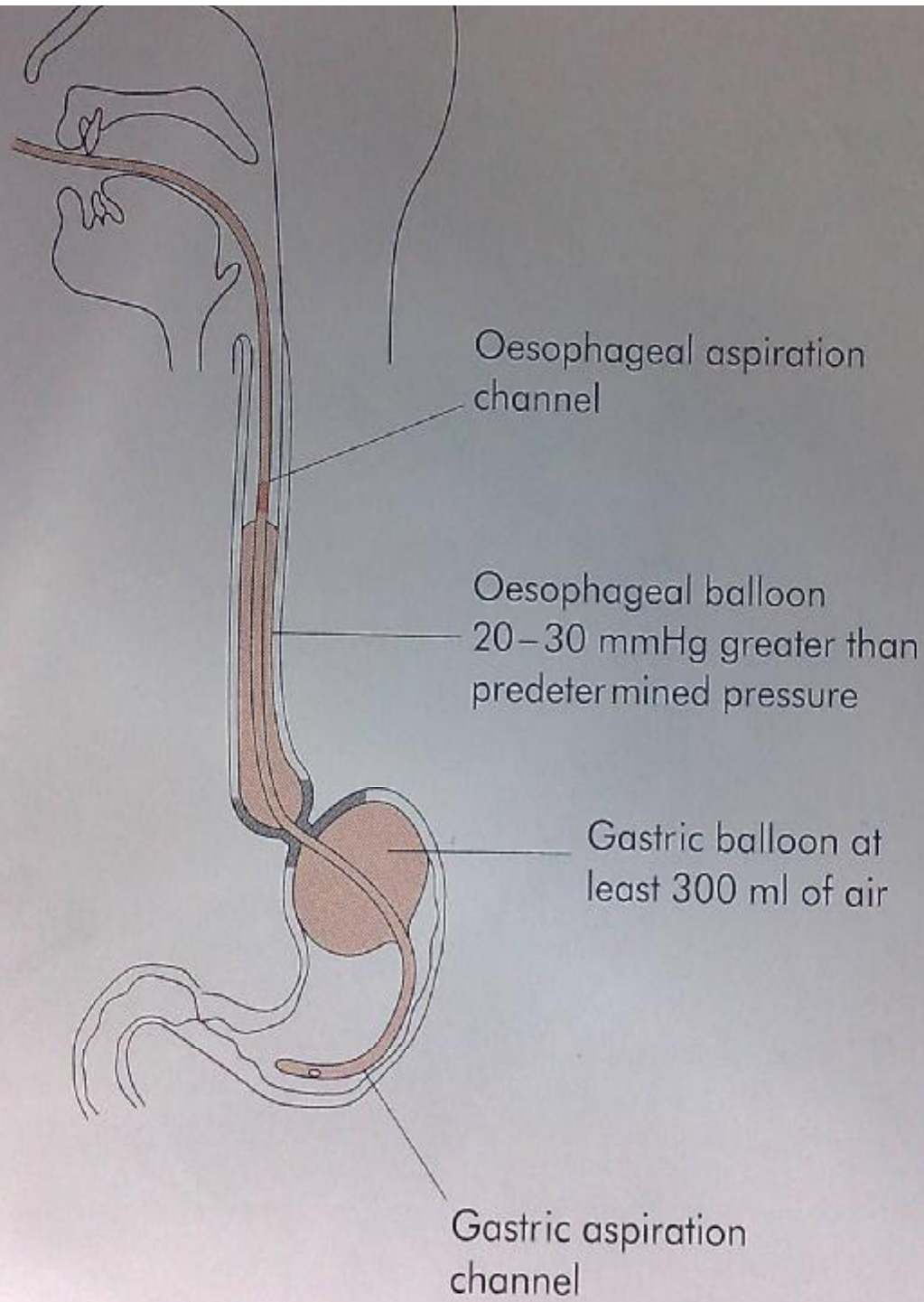
4-endoscopy 

5- tamponade balloon (sengstaken tube) 



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Esophageal varices drug treatment

Vasopressin |

20unit in 10 ml 5 % glucose water over 10 |
minutes

Glypressin |

Octreotide (somatostatine analogue) |

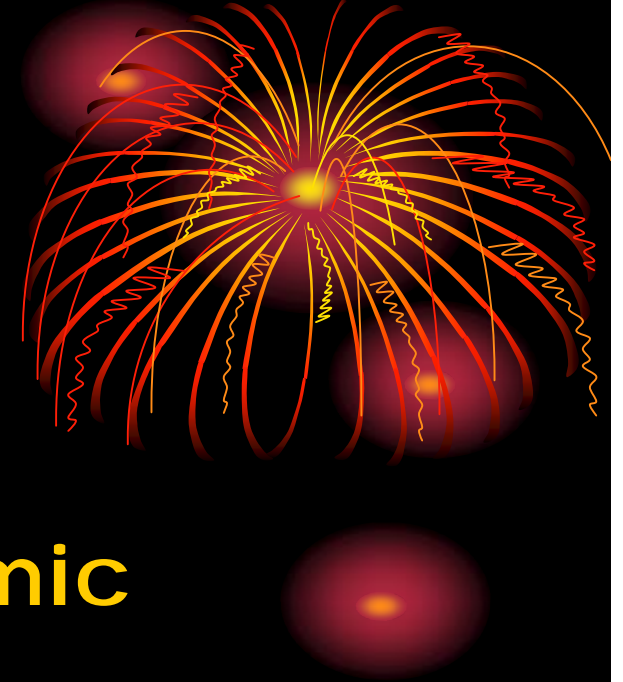


Esophageal varices endoscopic treatment

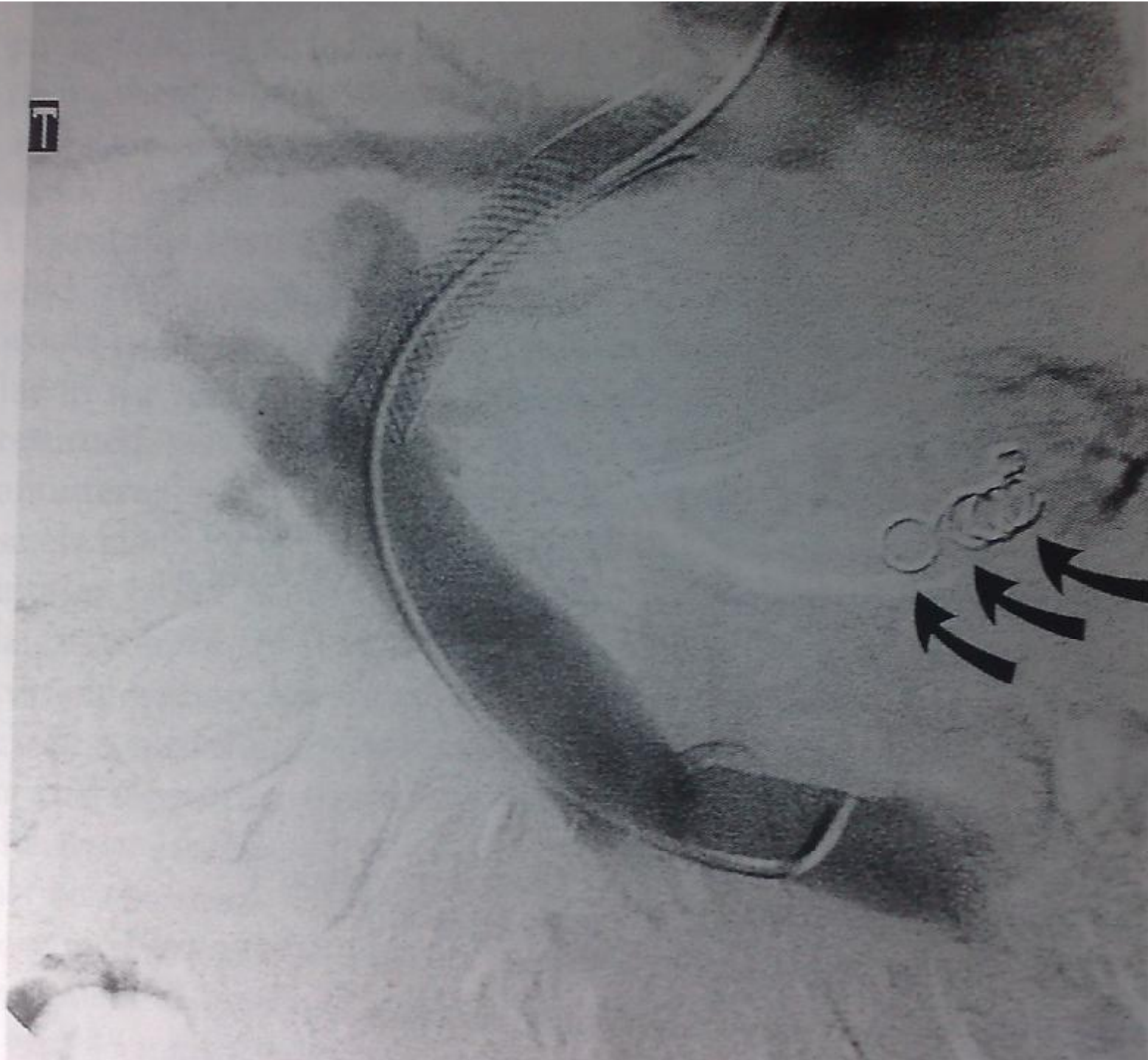
The initial treatment is sclerotherapy n
(ethanolamine oleate

TIPSS

**TIPSS=Transjugular •
Intrahepatic Portosystemic
Stent Shunt**



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Surgical treatment

1-shunts I

Splenorenal shunt I

Portocaval shunt I

2-esophageal stapled transection I

3-splenectomy and gastric devascularization I