Application & Assessment of Rockall Scoring System In Managmenet of Patients With Upper Gastrointestinal Bleeding in Prediction of Mortality and Rebleeding

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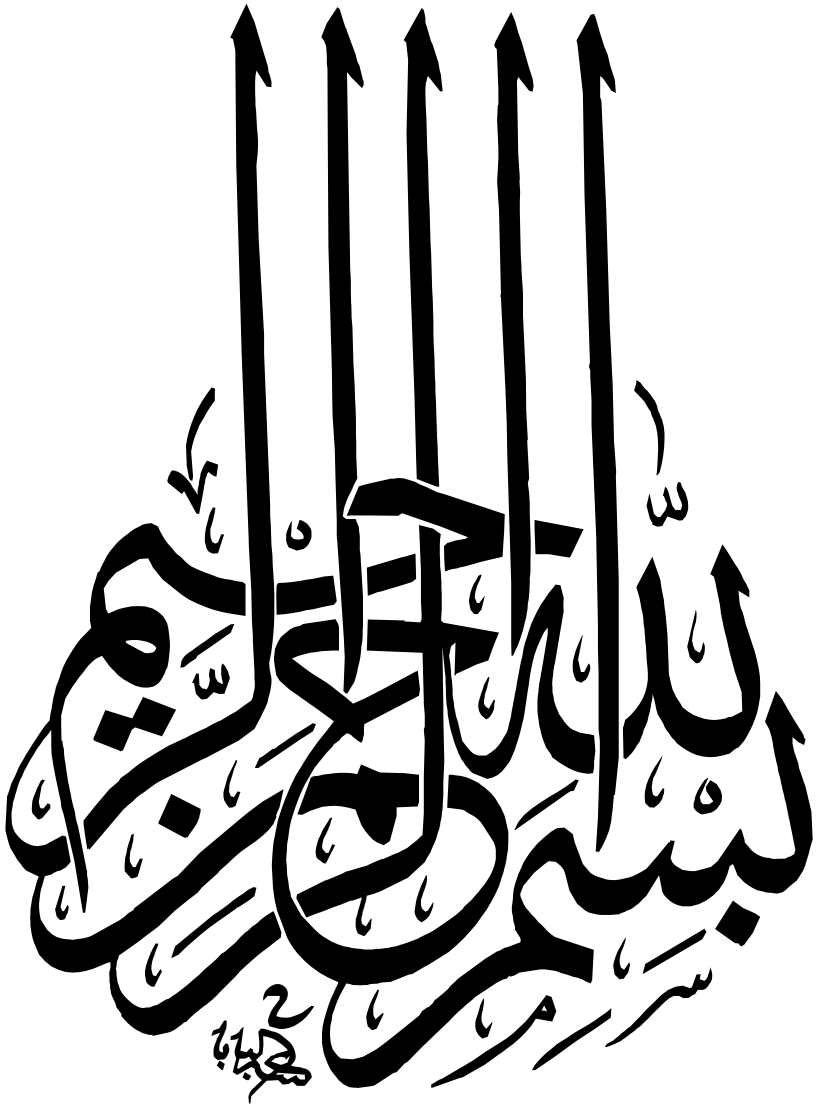
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Abstract

Introduction: Acute upper gastrointestinal bleeding is a relatively common, potentially life - threatening medical emergency that necessitate I.C.U admission, scoring system help risk stratification, and prediction of mortality and re-bleeding in those patient.

Aim Of The Study: The study done to apply and asses validity of Rackall scoring system in prediction of mortality and re-bleeding in patient with acute UGIB.

Patient And Methods: the study was done on 20 patient presented with acute UGIB during period of 6 months (from August 2009 to February 2010) in multicenter hospitals, Rockall scoring system applied to all patient presented with acute UGIB to asses its validity as a predictor of mortality and re-bleeding in Egyptian population, all patient had upper endoscopy within 24 hrs of admission , every patient had the score collectively measured prior to to endoscopy from 7 and then after doing endoscopy from 11, main outcome measure is to asses its ability to predict mortality and re-bleeding in Egyptian population .

Results: Rockall scoring can reliably predict mortality, the scoring system cannot significantly predict re-bleedding in patient with acute UGIB.

Conclusion: Rockall scoring system can significantly predict mortality but cannot significantly predict re-bleeding in patient with acute UGIB.

Key Words:

UGIB: upper gastrointestinal bleeding.

I.C.U: intensive care units .-

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For all people who inspire and

learn me the way to learn,

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others.

Contents

Introduction 1

Aim of The Work 3

Review of Literature 4

Patients & Methods 70

Results 77

Discussion 97

Summary 104

Conclusions 106

References 107

Arabic Summary .....

List of Tables

Table No.	Title	Page
Table (1) :	Major causes of UGIB	9
Table (2) :	Causes of portal hypertension	20
Table (3) :	Predictors of variceal hemorrhage	23
Table (4) :	Blatchford score	66
Table (5) :	Rockall risk scoring system	69
Table (6) :	Result of endoscopy	75
Table (7) :	Rockall numerical risk scoring system	76
Table (8) :	Comparison between both sexes regarding re-bleeding.	79
Table (9) :	Comparison between both sexes regarding mortality.	80
Table (10) :	The comparison between these age groups regarding re-bleeding.	81
Table (11) :	The comparison between these age groups regarding mortality.	86
Table (12) :	The comparison between shock groups regarding re-bleeding.	87
Table (13) :	The comparison between shock groups regarding mortality.	88
Table (14) :	Comparison between different comorbidities in term	89

		of quantity and quality in relation to rebleeding.	
Table (15)	:	Comparison between different comorbidities in term of quantity and quality in relation to mortality.	90
Table (16)	:	Diagnosis after endoscopy according to diagnostic classification in rockall scoring system.	91
Table (17)	:	Diagnosis after endoscopy according to diagnostic classification in rockall scoring system.	92
Table (18)	:	Comparison between major stigmata of recent haemorrhage according to rebleeding**.**	93
Table (19)	:	Comparison between major stigmata of recent haemorrhage according to mortality**.**	94

List of Figures

Figure No.	Title	Page
Figure (1) :	Comparison between both sexes regarding re-bleeding.	79
Figure (2) :	Comparison between both sexes regarding mortality.	80
Figure (3) :	Comparison between age groups regarding re-bleeding.	81
Figure (4) :	The comparison between age groups regarding mortality.	86
Figure (5) :	The comparison between shock groups regarding re-bleeding.	87
Figure (6) :	The comparison between shock groups regarding mortality.	88
Figure (7) :	Comparison between different comorbidities as regarding re-bleeding	89
Figure (8) :	Comparison between different comorbities as regarding mortality	90
Figure (9) :	Comparison between different major stigmata of recent haemorrhage as regarding re-bleeding	93
Figure (10) :	Comparison between different major stigmata of recent haemorrhage as regarding mortality	94

List of Abbreviations

UGIB	:	upper gastrointestinal bleeding.
Mg	:	milligram
Mcg	:	microgram
Mmhg	:	millimetermercury
HPVG	:	hepatic venous pressure gradient
H.pylori	:	Helicobacter pylori
NSAID	:	non-steoidal-antiiflammatory drugs
P	:	pressure
R	:	resistance
WHVP	:	Wdeged hepatic venous pressure
FHVP	:	free hepatic venous pressure
R	:	radius
Hb	:	hemoglobin
PPI	:	proton pump inhibitor
H	:	hydrogen ion
K	:	potassium ion
IV	:	intravenous
h	:	hour
NPO	:	nothing per oral
d	:	days
CAD	:	coronary artery disease

v	:	versus
B-blockers	:	Beta blockers
EVL	:	endoscopic variceal ligation
U.S	:	united states
rFVIIa	:	recombinant activated factor seven
EGD	:	esophagogastrodudoenoscopy.
>	:	greater than.
ADH	:	antidiuretic hormon
UNIT	:	unit
NS	:	normal saline.
D5W	:	dextrose in water.
P.O	:	per oral.
B.I.D	:	twice daily.
TD	:	transdermal.
IGV	:	Isolated gastric varices.
n	:	number
<	:	less than.

Introduction

Introduction

Acute upper gastrointestinal bleeding is divided into two main categories[1].

1. Variceal upper gastrointestinal bleeding.
2. Non-variceal upper gastrointestinal bleeding.

By definition acute upper gastrointestinal bleeding is defined as: bleeding proximal to ligament of treitz in practice from stomach, esophagus, duodenum[2].

The **ligament of Treitz** or **suspensory muscle of the duodenum (musculus suspensorius duodeni)** is actually a non-striated muscle attached to the diaphragm near the oesophageal opening by the connective tissue around the coeliac artery and left crus of the diaphragm, which descends to be inserted in the distal duodenum (53%) and the duodeno-jejunal flexure (40%)[3].

It is composed of a fibromuscular band of smooth muscle from the third and fourth parts of the duodenum. An adjacent slip of skeletal muscle from the diaphragm (hilfsmuskel) is distinct anatomically but often associated for convenience. Contraction widens the angle of flexure,

facilitating movement of the intestinal contents. It is a useful landmark for recognising the beginning of the jejunum[3].

It can not be seen on CT imaging due to its thinness. Its pull on the coeliac ganglia and stems of the coeliac and superior mesenteric arteries is counteracted by the hilfsmuskel[4].

Over the last few decades, the diagnosis and management of acute gastrointestinal hemorrhage has undergone remarkable changes,particularly with the rapid dissemination and advancement in therapeutic endoscopy and pharmacotherapeutics[5].

Acute upper gastrointestinal bleeding is a common and potentially life threatening emergency in clinical practice, Thus if we can predict the outcome of a bleeding episode with reasonable accuracy, it would affect patient management and outcome[6].

In recent years several practice guidelines and risk scores ,combining clinical and endoscopic parameters, have been developed with the aim of assisting physician in the early stages of decision making[7].

All patient with acute upper gastrointestinal bleeding should have upper endoscopy within 12-24 hours of admission[2].

Aim of The Work