

Peptic Ulcers is the Most Common Cause of Acute Upper Gastrointestinal Bleeding

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Introduction

Acute upper gastrointestinal bleeding is a serious medical condition that necessitates immediate diagnosis and treatment. It can arise from various sources in the upper gastrointestinal tract, including the esophagus, stomach, and duodenum. The causes of AUGIB are diverse, with peptic ulcers being among the most common. These open sores can develop due to excessive use of non-steroidal anti-inflammatory drugs, Helicobacter pylori infection, or heavy alcohol consumption. Gastroesophageal varices, which are swollen veins that can rupture and cause massive bleeding, are another critical cause, often associated with liver cirrhosis and portal hypertension. Additionally, esophagitis, malignancies, gastritis, and Mallory-Weiss syndrome due to significant blood loss. Abdominal pain may accompany these symptoms, especially in cases involving peptic ulcers. Recognizing these symptoms promptly is essential for timely medical intervention. Diagnosing acute upper gastrointestinal bleeding typically involves a combination of clinical assessment, laboratory tests, and imaging studies. A thorough medical history, including medication use and any prior gastrointestinal issues, is crucial. Physical examinations can help assess signs of shock or anemia. Blood tests, such as a complete blood count, liver function tests, and coagulation profiles, help evaluate the extent of blood loss and liver health. The primary diagnostic and therapeutic tool is esophagogastroduodenoscopy, which allows direct visualization of the upper gastrointestinal tract and the opportunity to treat certain conditions, such as cauterizing bleeding ulcers or banding varices. In some cases, abdominal ultrasound or CT scans may be necessary to identify underlying causes when endoscopy is inconclusive. Management of AUGIB focuses

on stabilizing the patient, addressing the underlying cause, and preventing future episodes. Immediate stabilization is crucial, particularly in cases of significant blood loss. This often involves administering intravenous fluids to restore blood volume and blood transfusions if the patient is anemic or symptomatic from blood loss. Endoscopic intervention is frequently used, allowing healthcare providers to cauterize bleeding vessels, inject medications to promote clotting, or band varices. Medications like proton pump inhibitors are commonly used to reduce gastric acid secretion, promoting healing of peptic ulcers and minimizing the risk of further bleeding. In cases where bleeding cannot be controlled endoscopically, surgical intervention may be necessary to address anatomical issues or remove tumors. Preventing acute upper gastrointestinal bleeding involves managing risk factors and promoting overall gastrointestinal health. It is essential to use NSAIDs and anticoagulants judiciously, discussing alternatives with a healthcare provider when necessary.

Conclusion

Maintaining a healthy lifestyle by avoiding excessive alcohol consumption and smoking can significantly reduce the risk of developing gastrointestinal issues. For individuals with chronic conditions, such as liver disease or a history of peptic ulcers, regular monitoring and proactive management are vital to prevent recurrence. In conclusion, acute upper gastrointestinal bleeding is a critical condition that requires immediate attention. Understanding its causes, recognizing the symptoms, and pursuing prompt diagnostic and therapeutic interventions are essential for effective management. With appropriate care, many patients can recover fully and prevent future episodes, leading to improved quality of life. If you or someone you know experiences symptoms of AUGIB, seeking medical attention promptly is crucial to ensure timely intervention and optimal outcomes.

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Conflict of Interest

None.

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