

## ENDOSCOPIC DIAGNOSIS AND TREATMENT OF UPPER GASTROINTESTINAL BLEEDING

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Upper gastrointestinal bleeding (UGB) is a common medical emergency problem with significant morbidity and mortality.

The aim of this paper is to establish the incidence of upper gastrointestinal bleeding in relation to sex and age, determine the prevalence of bleeding lesions and perform analysis of bleeding peptic ulcer in relation to the location, age, gender, Forrest classification and the need for endoscopic hemostasis.

The prospective study included 70 patients with UGB, 42 men and 28 women, mean age 68.64±13.66 years. The diagnosis of bleeding lesions was made exclusively by means of esophagogastroduodenoscopy. Forrest classification was used in the evaluation of the activity of bleeding ulcers of the stomach and duodenum.

The largest number of bleeding patients was of male sex (60%). Bleeding most commonly occurred in patients older than 60 years (84.29%). Statistically, female patients were significantly older than patients of male gender ( $p=0.001$ ). The most common cause of bleeding was peptic ulcer (65.71%). The average age of patients with gastric ulcer was 70.57±15.68 years, with a duodenal ulcer 63.78±16.70 years. In the duodenum, Forrest Ib, IIa and IIb ulcers were usually confirmed, whereas Forrest IIC ulcers were identified in the stomach. Endoscopic hemostasis was required in 55.56% of patients with duodenal and in 23.81% of patients with gastric ulcer.

The incidence of UGB is higher in men and it increases with age. The most common cause of bleeding is ulcer disease. Patients with gastric ulcer are older than patients with duodenal ulcer, while both gastric and duodenal ulcers are found in the oldest patients. Duodenal ulcers cause serious bleeding and more often require endoscopic hemostasis. *Acta Medica Medianae 2015;54(2):24-30.*

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