

Gastrointestinal bleeding

Gastrointestinal bleeding refers to any form of bleeding that occurs within the [gastrointestinal tract](#), which includes the esophagus, stomach, small intestine, large intestine (colon), rectum, and anus. This bleeding can range from mild to severe and can have various causes. It is a potentially serious medical condition that requires prompt evaluation and treatment.

There are two main types of gastrointestinal bleeding:

Upper Gastrointestinal Bleeding (UGIB): This type of bleeding occurs in the upper part of the GI tract, which includes the esophagus, stomach, and the initial portion of the small intestine (duodenum). Common causes of UGIB include:

Peptic ulcers: Sores that develop in the stomach lining or the duodenum. Esophageal varices: Enlarged and swollen blood vessels in the esophagus, often due to liver disease. Gastroesophageal reflux disease (GERD): Severe reflux can lead to inflammation and bleeding in the esophagus. Mallory-Weiss tears: Tears in the lining of the esophagus, often caused by severe vomiting.

Lower Gastrointestinal Bleeding (LGIB): This type of bleeding occurs in the lower part of the GI tract, which includes the colon, rectum, and anus. Common causes of LGIB include:

Diverticulosis: Small pouches (diverticula) in the colon can bleed or become inflamed. Colorectal polyps: Growth of abnormal tissue in the colon or rectum. Colitis: Inflammation of the colon, often seen in conditions like ulcerative colitis or Crohn's disease. Hemorrhoids: Swollen and inflamed blood vessels in the rectum or anus. Symptoms of gastrointestinal bleeding can vary depending on the location and severity of the bleeding but may include:

Bright red or maroon-colored blood in vomit or stool. Black, tarry stools (melena) indicating digested blood. Weakness, fatigue, dizziness, or lightheadedness due to blood loss. Abdominal pain or discomfort. Diagnosis typically involves a combination of medical history, physical examination, blood tests, and imaging studies such as endoscopy or colonoscopy. Treatment options depend on the underlying cause and severity of the bleeding and may include:

Medications: To control bleeding or treat underlying conditions like ulcers. Endoscopic procedures: To stop bleeding or remove polyps. Surgery: In cases of severe or persistent bleeding. Blood transfusions: To replace lost blood.

Gastrointestinal bleeding in neurosurgery

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[Dual antiplatelet therapy](#) is associated with high early risks of major and gastrointestinal [bleeding](#) that decline after the first month in trial cohorts ¹⁾.

see also [Upper gastrointestinal bleeding](#).

Prophylaxis

[Omeprazole](#) significantly reduced the morbidity of stress-related UGI bleeding in patients with ICH due to its effective prophylactic effect without increasing the risk of nosocomial pneumonia, but it did not reduce the 1-month mortality or ICU stay. Further evaluation of high-dose omeprazole as the drug of choice for patients presenting with UGI bleeding is warranted. Clinical trial registration no.: ChiCTR-TRC-12001871, registered at the Chinese clinical trial registry (<http://www.chictr.org/en/proj/show.aspx?proj=2384>) ²⁾.

¹⁾

Hilken NA, Algra A, Kappelle LJ, Bath PM, Csiba L, Rothwell PM, Greving JP; CAT Collaboration. Early time course of major bleeding on antiplatelet therapy after TIA or ischemic stroke. *Neurology*. 2018 Jan 26. pii: 10.1212/WNL.0000000000004997. doi: 10.1212/WNL.0000000000004997. [Epub ahead of print] PubMed PMID: 29374102.

²⁾

Liu BL, Li B, Zhang X, Fei Z, Hu SJ, Lin W, Gao DK, Zhang L. A randomized controlled study comparing omeprazole and cimetidine for the prophylaxis of stress-related upper gastrointestinal bleeding in patients with intracerebral hemorrhage. *J Neurosurg*. 2013 Jan;118(1):115-20. doi: 10.3171/2012.9.JNS12170. Epub 2012 Oct 12. PubMed PMID: 23061387.

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