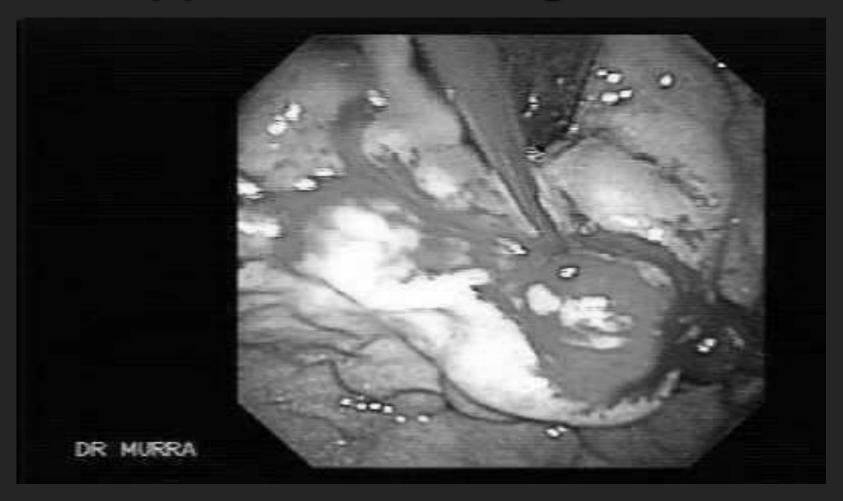
Upper GI bleeding

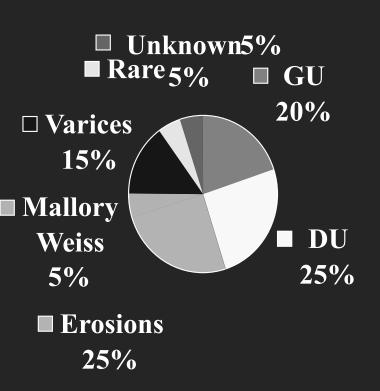


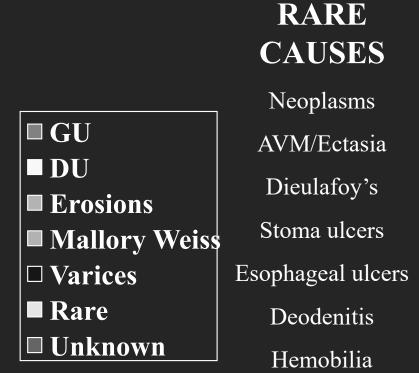
Signs and Symptoms

- Hematemesis
- Melena
- Dizziness
- Abd. Pain and symptoms of Peptic ulcer disease
- Hx of NSAID's use

- Pallor
- Hypotension
- Orthostasis
- Jaundice and other stigmatas of chronic liver diseases

UPPER GI BLEEDING CAUSES





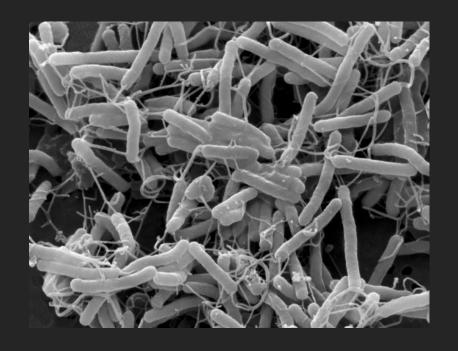
Aorto-enteric fistulas

Peptic Ulcer Disease

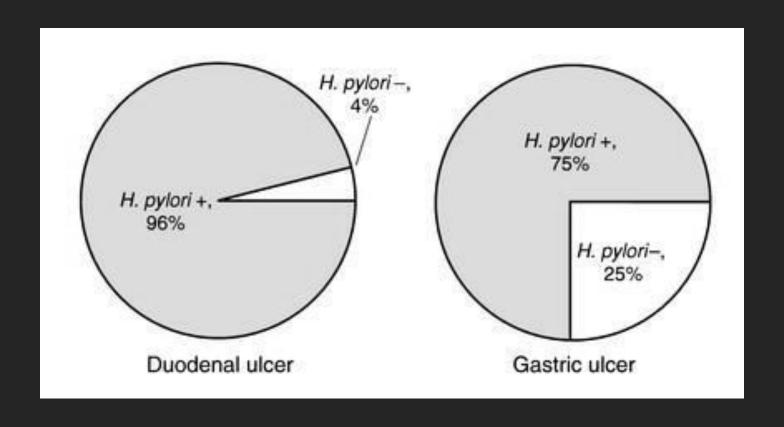
- Defect in the GI mucosa extending through the muscularis mucosa.
- Decreasing incidence.
- Caused by imbalance between the aggressive and defensive factors.

Peptic Ulcer Disease

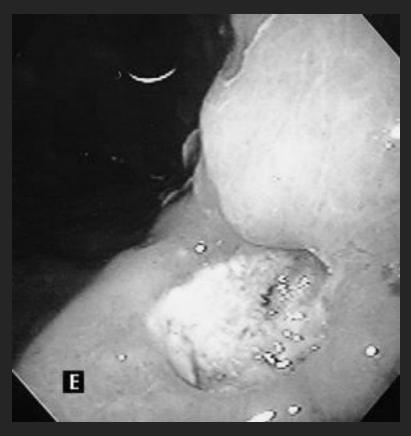
- Helicobacter Pylori
- NSAID's
- Acid Hypersecretory state.
- Antral G cell Hyperplasia



Peptic Ulcer Disease

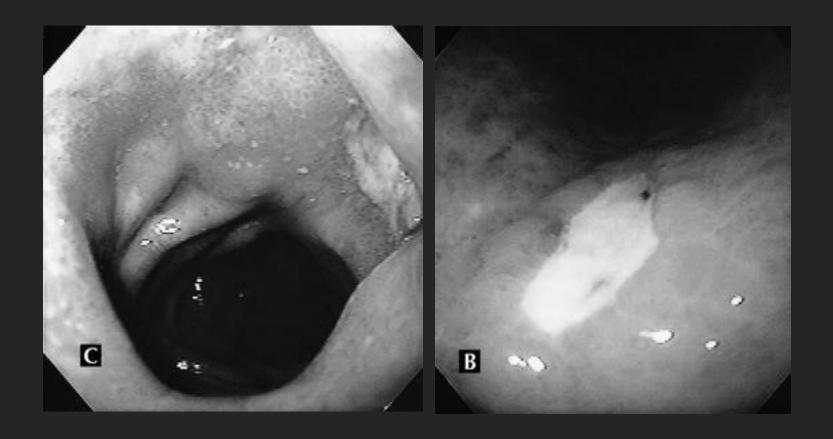


Gastric Ulcers

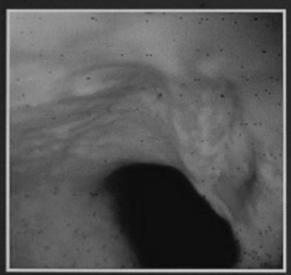


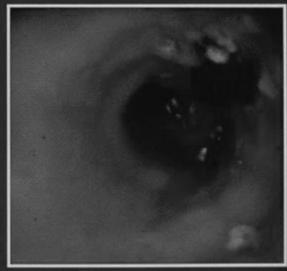


Duodenal Ulcers



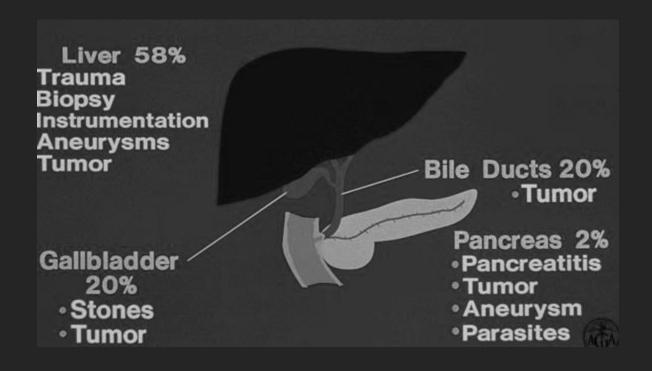
Mallory - Weiss





Laceration around the GE junction
Classical presentation as bleeding after episode of vomiting
Classical presentation found in 50% only
Self-limiting

Hemobilia

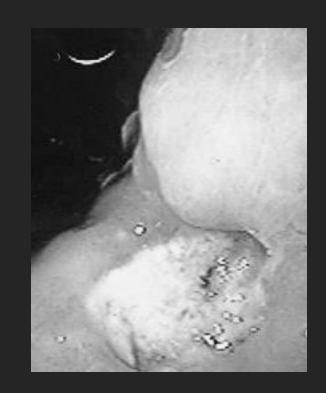


Hemobilia



stress ulcers

- •Caused by Vagal hyperstimulation and vascular hypoperfusion.
 - •Body and fundus more affected
 - Multiple
- •Prophylaxis is indicated in critically ill ICU patients



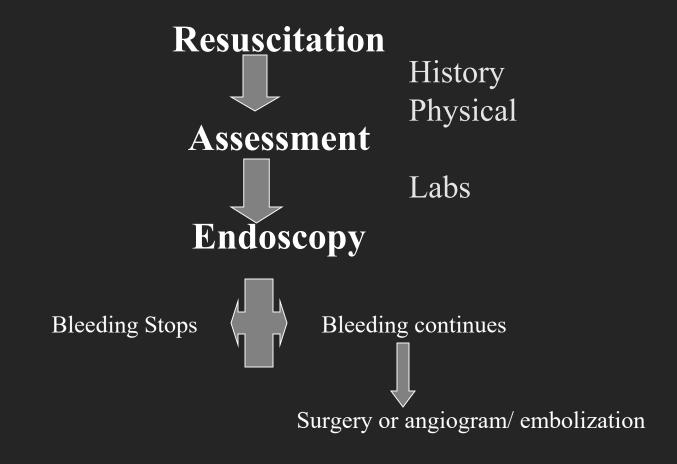
Curling Extensive burn

Cushing Head Injury

UPPER GI BLEEDING ADVERSE PROGNOSTIC FACTORS

- Diagnosis
 - Varices
 - Malignancy
- Older age
- Severe initial bleeding
- Recurrence during hospitalization
- Coincidental diseases
- Endoscopic stigmata of recent bleeding
- Need for emergency surgery

MANAGEMENT



Most Have

Rectal Exam Endoscopy

Most Have

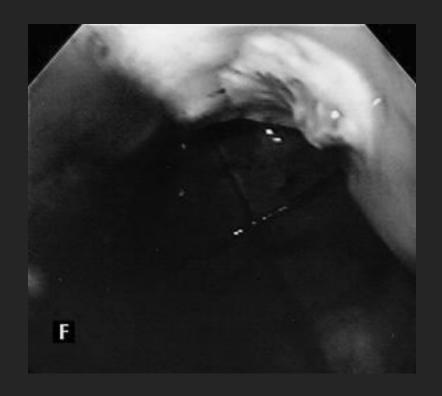
Rectal Exam Endoscopy

Most Have
Rectal Exam
Endoscopy

Most Have

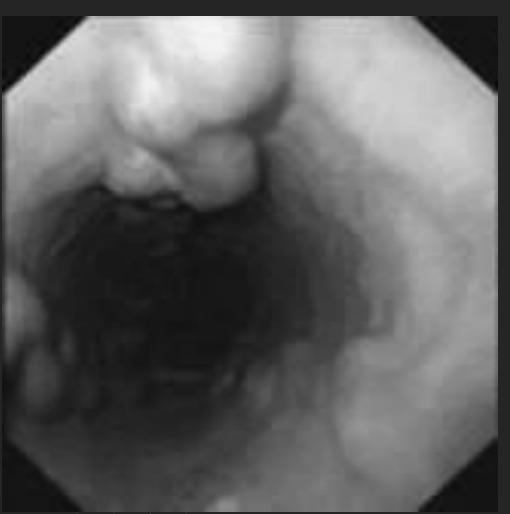
Rectal Exam

Endoscopy



MANAGEMENT: Proton Pump Inhibitors

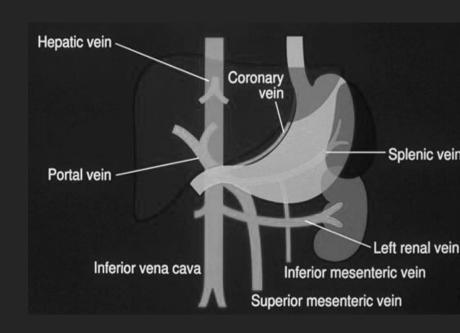
BLEEDING ESOPHAGEAL VARICEAL



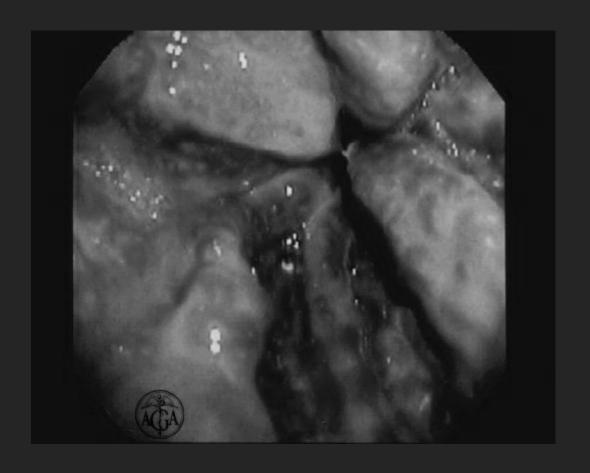
- •Dilated tortuous veins of the lower and mid esophagus.
- Secondary to portal HTN
 - •30% mortality after the first episode.
 - •60% Rebleeding rate

Esophageal Varices: Predictors of severity

- High Hepatic Gradient
 - >12 mmHg
- Degree of Cirrhosis
 - (Child Classification)
- Size of Varices
 - Larger > smaller
- Endoscopic Appearance
 - Cherry red spots
 - Red wale



Esophageal Varices: Influence of endoscopic appearance



Esophageal Varices: Management

Assessment / Resuscitation

Pharmacological Therapy

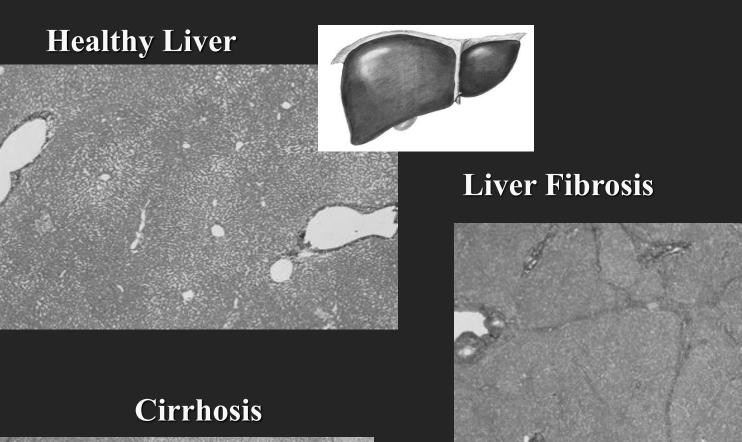
- •Somatostatin or Octreotide
 - Vassopressin

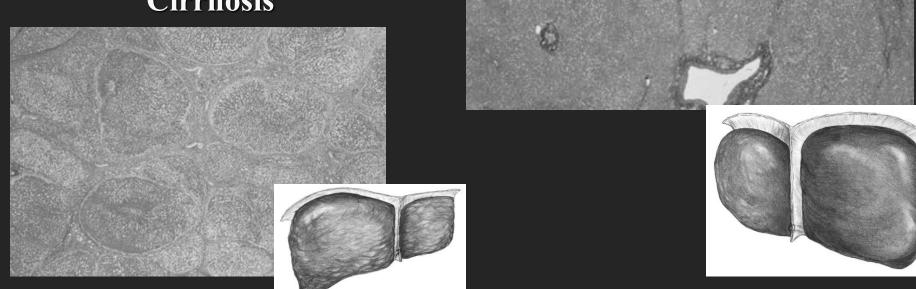
Endoscopy for diagnosis and therapy

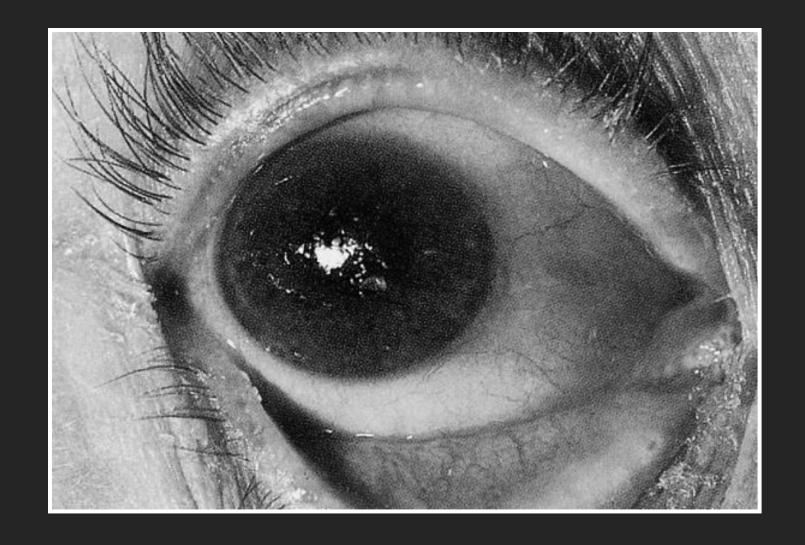
Variceal Banding

Balloon Temponade

Cirrhosis and Portal hypertension



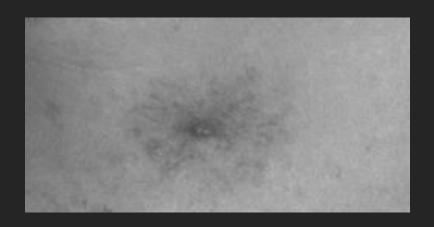




Jaundice

Accumulation of bilirubin in the blood stream causing yellowish discoloration of plasma and heavily perfused tissues





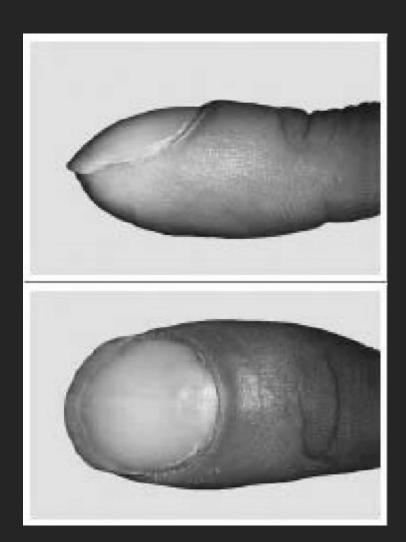
Spider Angiomas

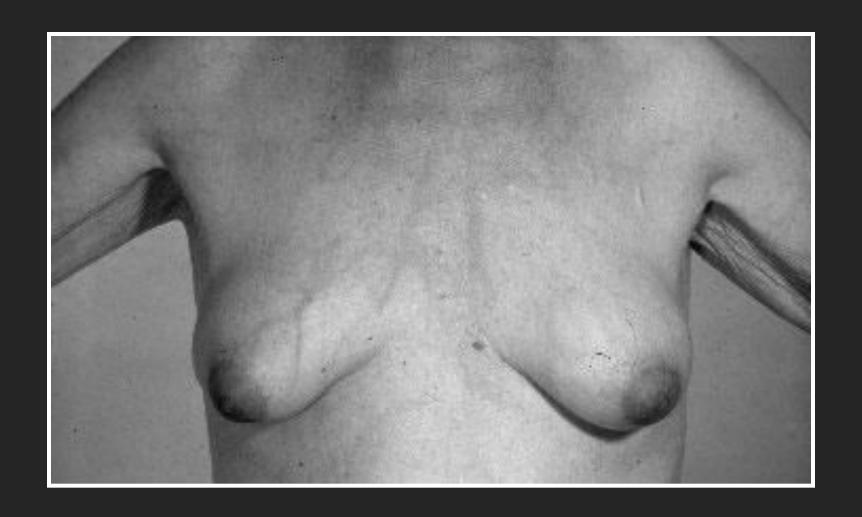
Small, centrally raised bumps (papules) caused by a dilated arteriole (small artery). A network of dilated capillaries (tiny blood vessels) radiate from the arteriole. Pressing on the lesion causes the redness to disappear briefly, and there is a rapid return of redness once the pressure is lifted.

Finger Clubbing

a condition where there is enlargement of the terminal end of the digit over the distal phalanx.

It is usually symmetrical and affects the fingers





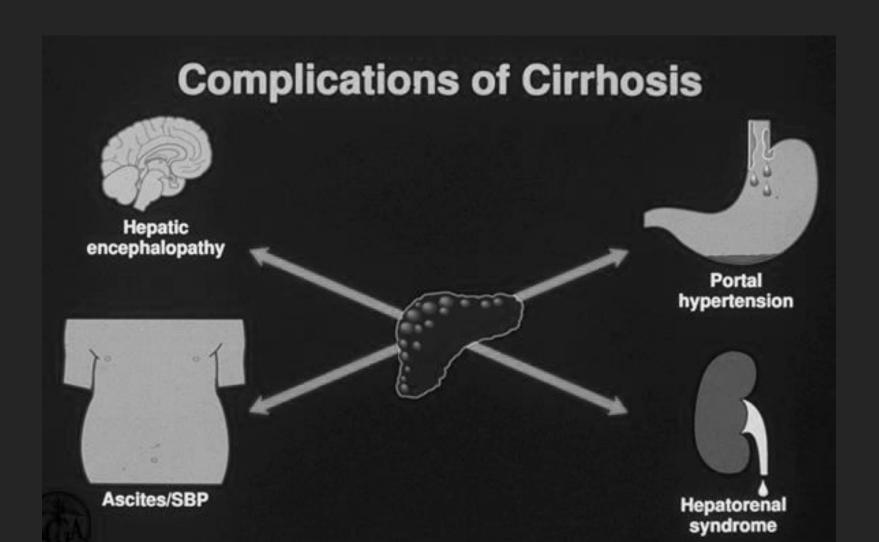
Gynecomastia

Breast development in men



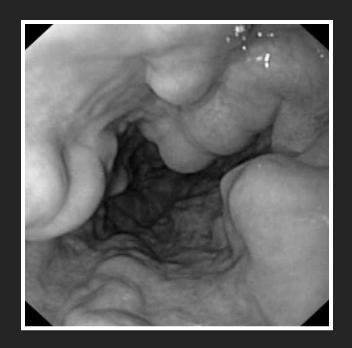
Dupuytren's Contractures

Joint contractures



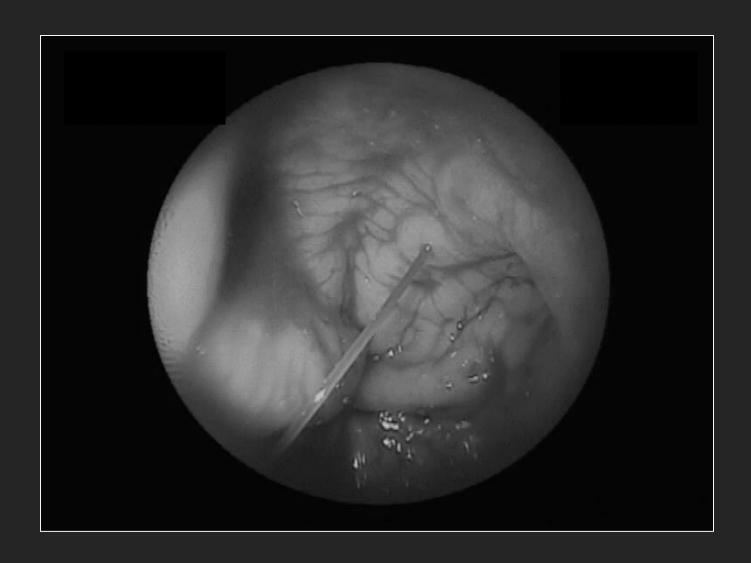


Distended and engorged umbilical veins which are seen radiating from the umbilicus across the abdomen to join systemic veins.





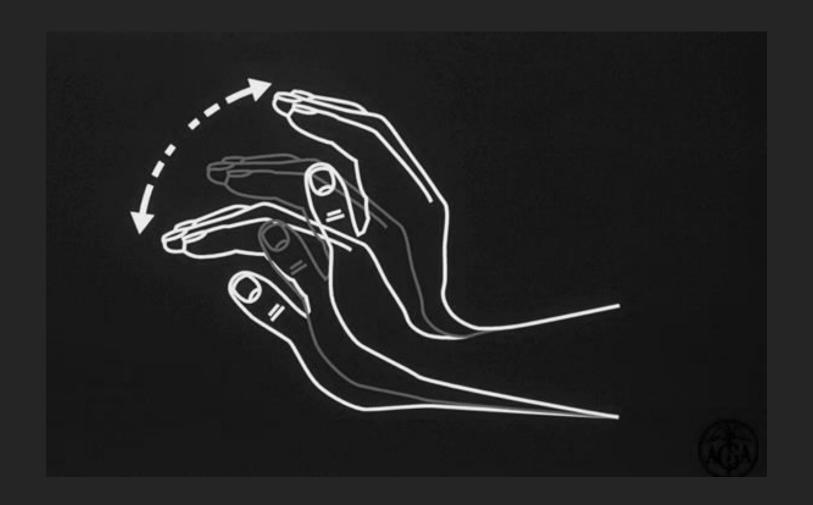












Astraxia

Flapping tremors, quick arrythmic movement in back ground tonic muscle contracion

