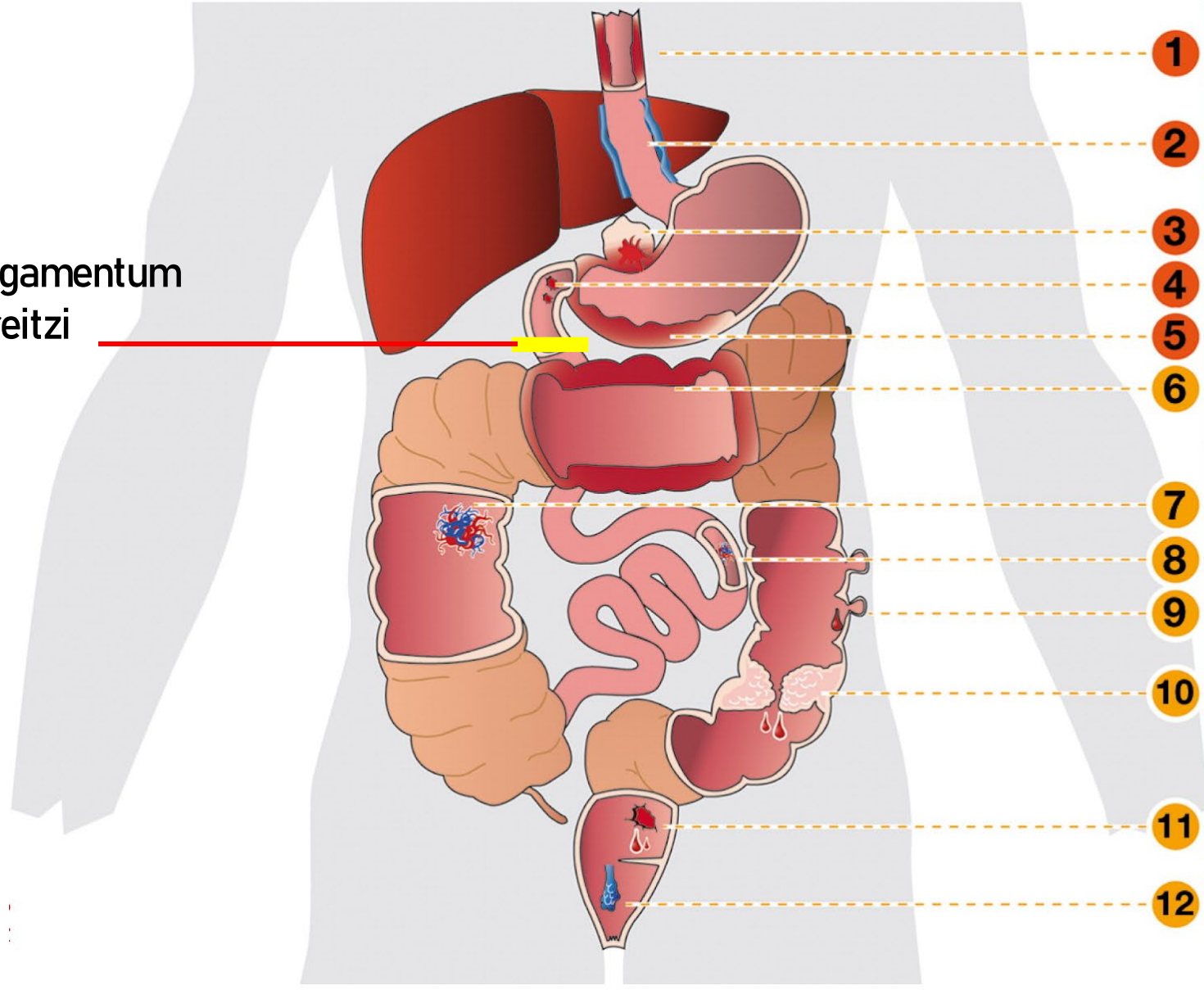
IGEKJIP+

80-100 pac/rok

Etiologie

Ligamentum Treitzi



1. **Esophagitis:** 13% of UGIB. More *benign* course, with shorter hospital stays, lower rebleeding rates, and lower mortality rates.

2. **Esophageal varices:** Can cause *Massive* UGIB. Bleeding is from venous in origin.Onset of UGIB from varices signifies significant portal hypertension, which is typically associated with *advanced liver disease.*

3. **Upper GI Tumors:** Account for 3% of all severe UGIB. Patients with severe bleeding secondary to malignant upper GI tumors have a *poor prognosis*, and the majority of patients die within 12 months.

4. **PUD:** Four major RF for bleeding are: H.pylori, NSIAD, Stress, Gastric acid. The lowesr rate of mortality & rebleeding belongs to *H.pylori positive ulcers, and NSAID* induced ulcer.

5. **Gastritis, deudenitis:** Rarely lead to significant UGIB. Is typically *self-limited.*

6. **Colitis:** Infectious, Inflammatory, or Ischemic in origin. Blood loss is mild. Ischemic colitis has worse outcome reative to other source of bleeding

7. **Angiodysplasia*:** It refers to dilated, tortuous submucosal vessels. Lower GI tract is uncommon site for angiodysplasia.Bleeding is venous in origin. Is less massive relative to arterial bleeders like diverticular disease. Incidence increases with age due to degeneration of vascular wall.

8. **Small bowel vascular lesions:&** often self-limited, although bleeding can be recurrent and profuse

9. **Diverticular disease:** Most common cause of LGIB. May be massive and life threatening as diverticula often form at the site of arterial vascular penetration. It is self-limitted in 80%. Rebleeding rate is 40% after 1st bleeding episode

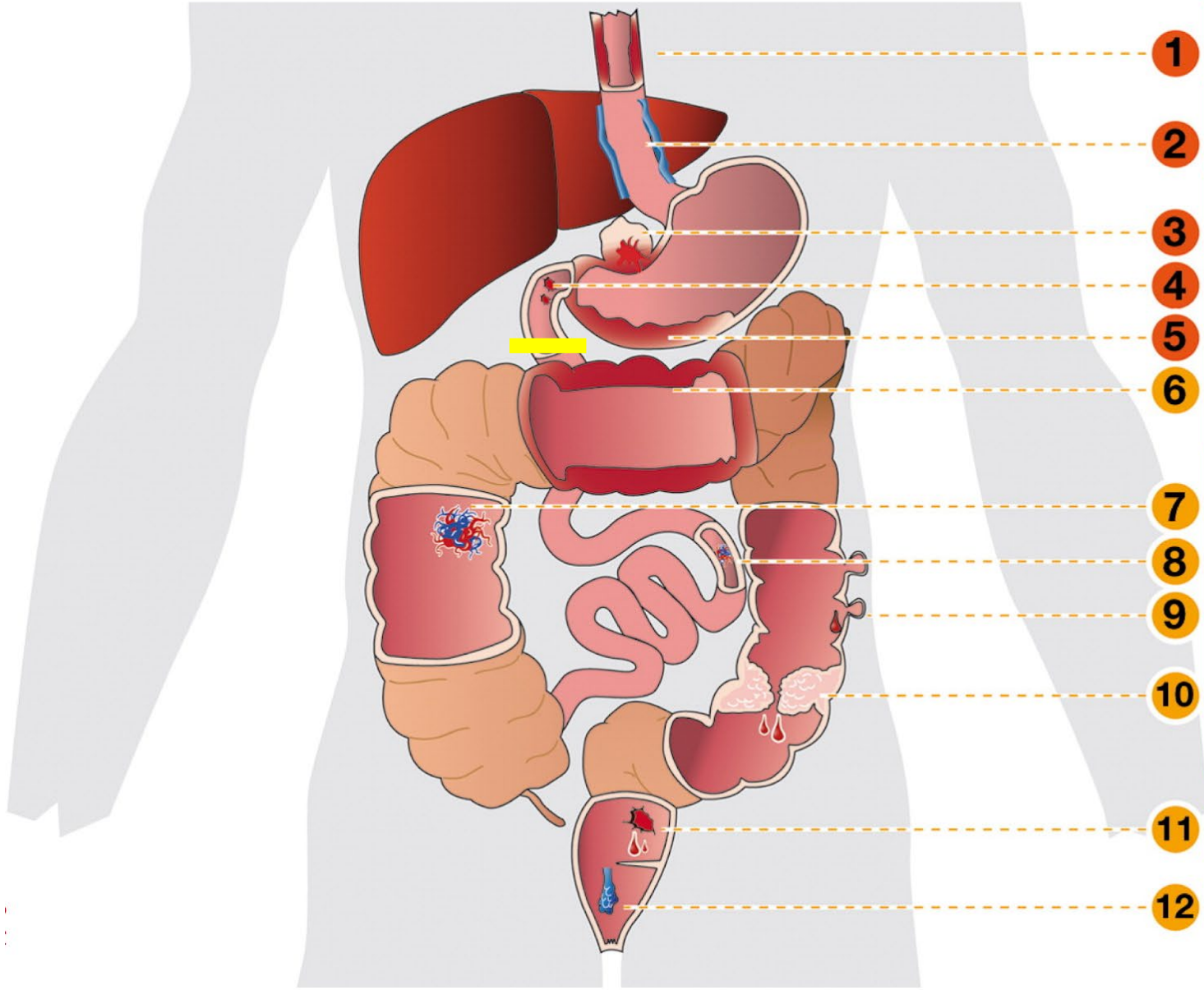
10. **Colonic Tumor:** 10% of LGIB in age > 50y. Bleeding is low-grade but recurrent. It occurs due to overlying ulceration, erosion.

11. **Rectal ulcer:** Usually does not cause massive bleeding

12. **Hemorrhoids:** Almost never cause hemodynamic instability, or anemia

@RECAPEM

Etiologie



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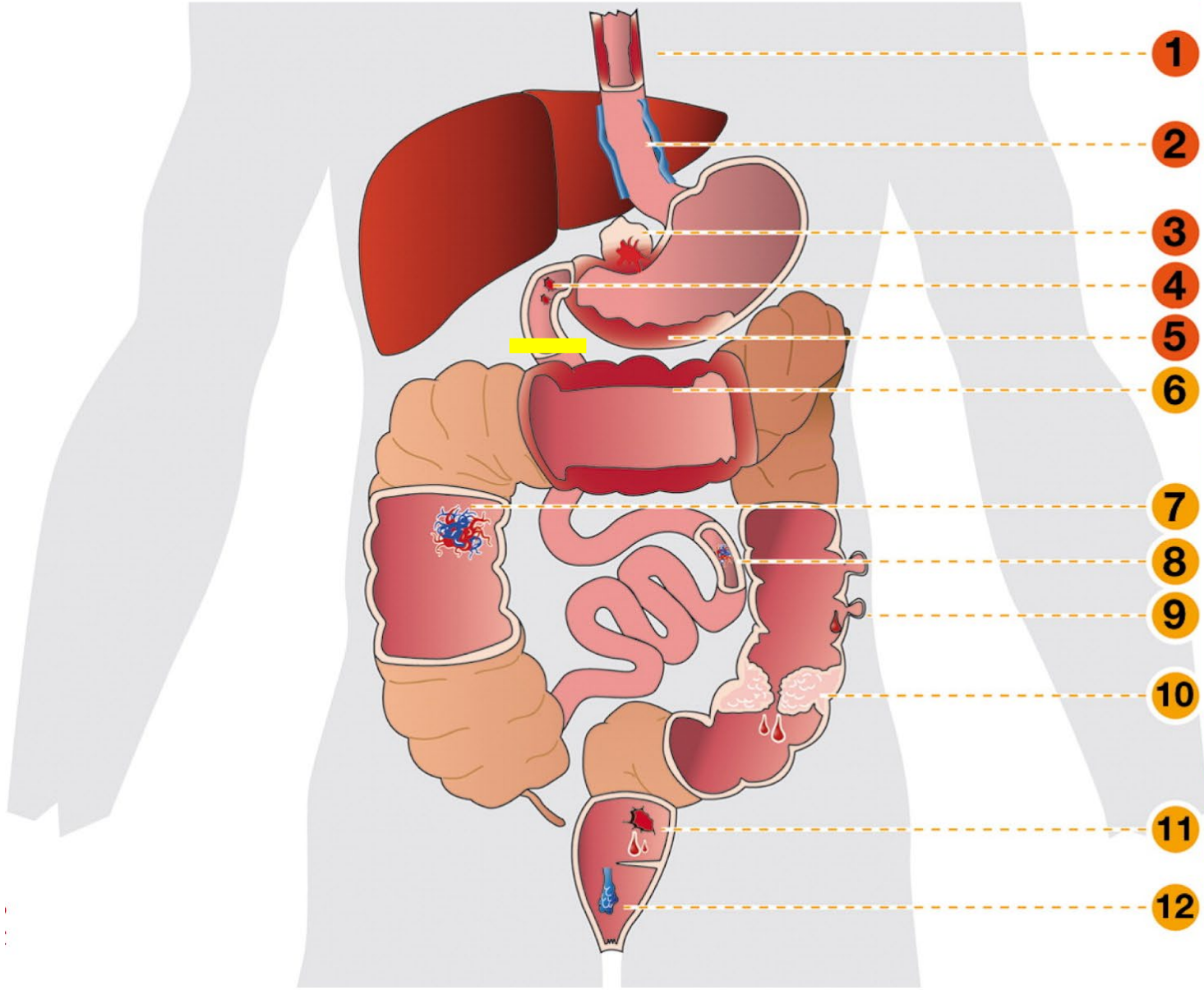

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@RECAPEM

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Pacient

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Pacient

75% anémie

66% CHRI

50% Diabetes

IGEKJIP+

terapie

Varikózní krvácení

Resuscitace oběhu

- Nadměrné množství krystaloidů
- Nadměrné množství FFP
- Četné transfuze
- Cílení na „normální“ TK

Zvýšení CVT

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Medikace

optimalizace
volémie

somatostatin
terlipressin

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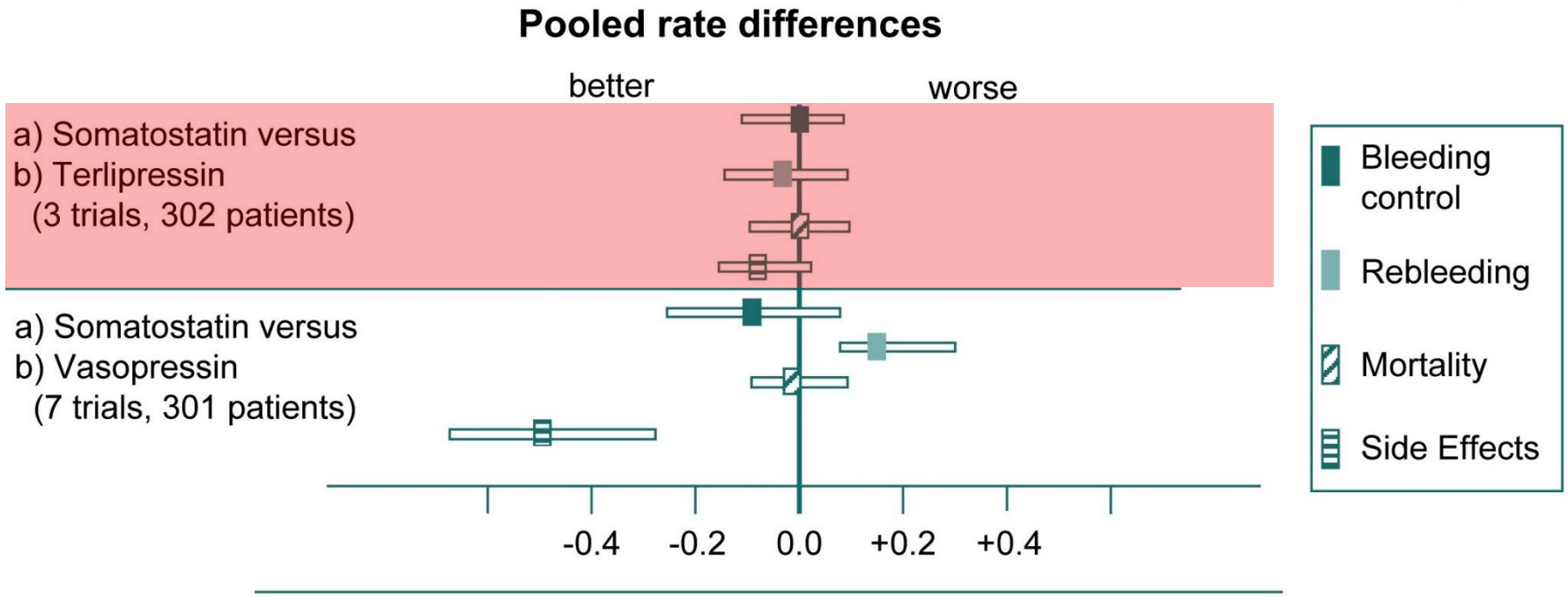
Somatostatin x Terlipressin



De Franchis, R. "Somatostatin, somatostatin analogues and other vasoactive drugs in the treatment of bleeding oesophageal varices." *Digestive and liver Disease* 36 (2004): S93-S100.

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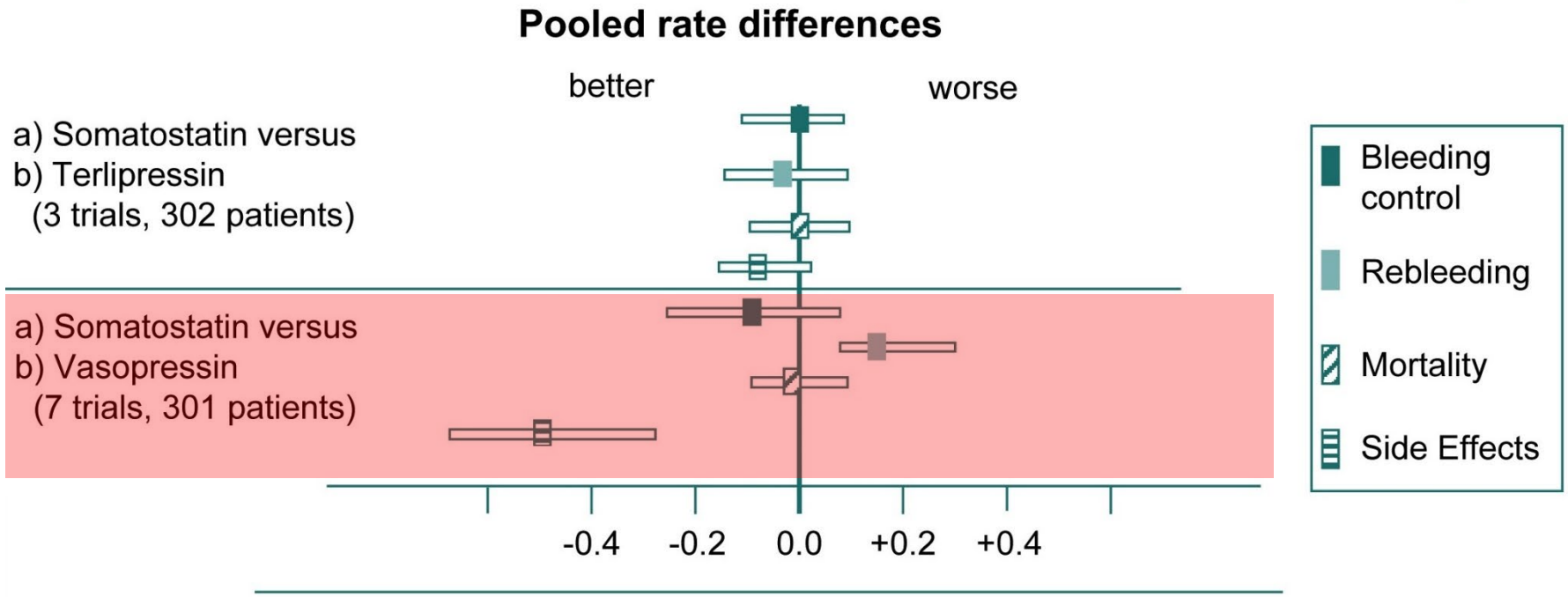
Somatostatin x Terlipressin

3500,-/24h
(6mg)



1500,-/24h
(1mg á 6h)

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Medikace

optimalizace
volémie

somatostatin
terlipressin

korekce koagulopatie

PCC X FFP

fib>1,5 g/L

cíl Hb >70 g/L

Trc>50

kys. tran

iniciální bolus (např. omeprazol 80mg) bolus
x kontinuální podání

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PPI

European Society of Gastrointestinal Endoscopy
Working together in endoscopy to achieve optimal patient care.

6.2 Use of proton pump inhibitor therapy

RECOMMENDATION

ESGE suggests against the routine use of proton pump inhibitors (PPIs) in the post-endoscopic management of acute variceal bleeding and, if initiated before endoscopy, PPIs should be discontinued.

Weak recommendation, low quality evidence.

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PPI

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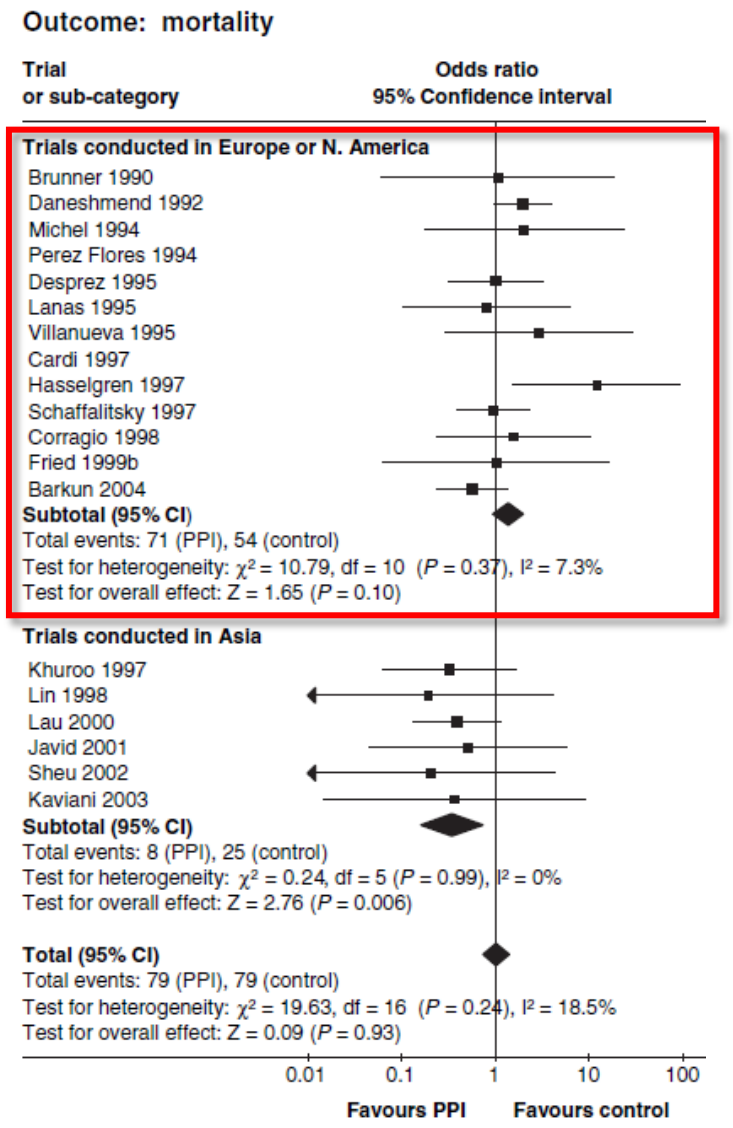

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PPI

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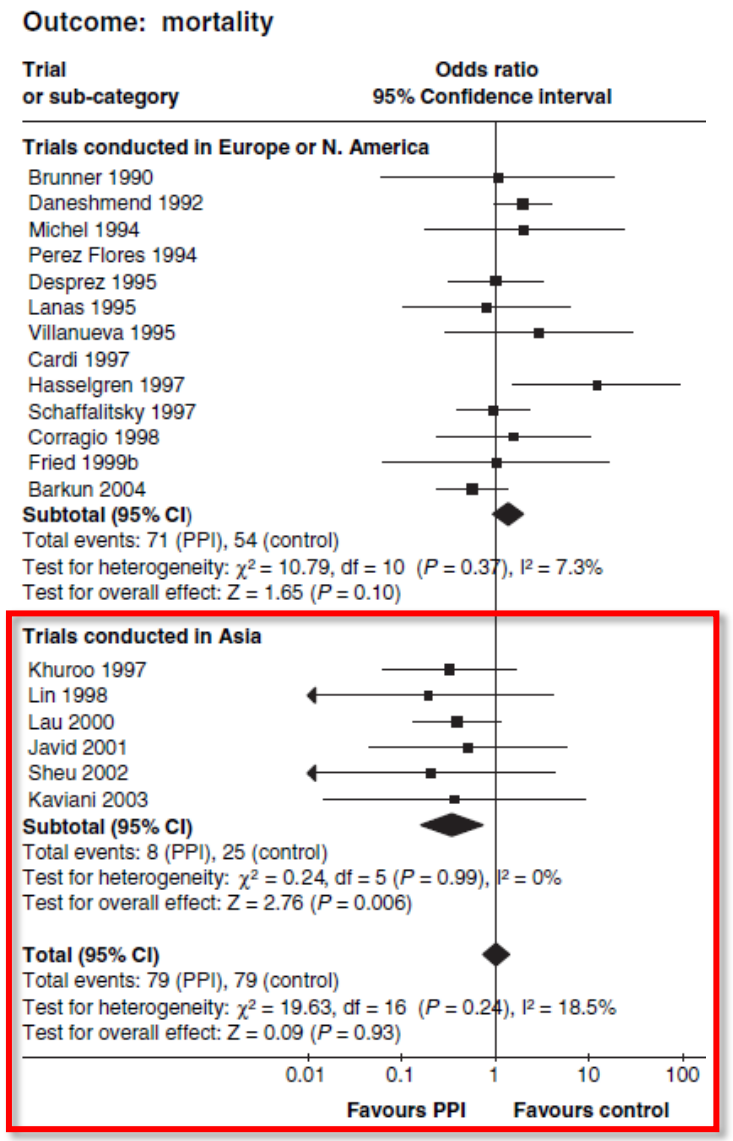

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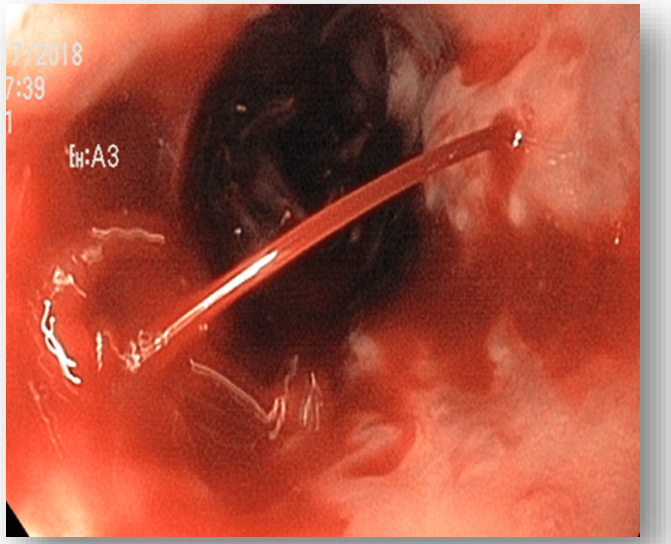
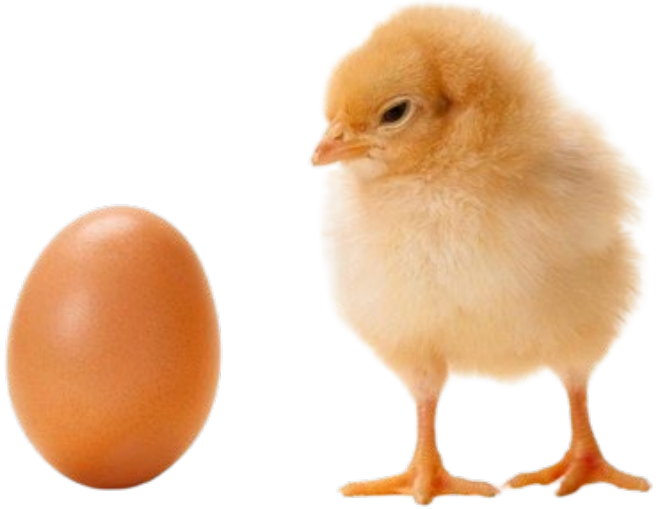
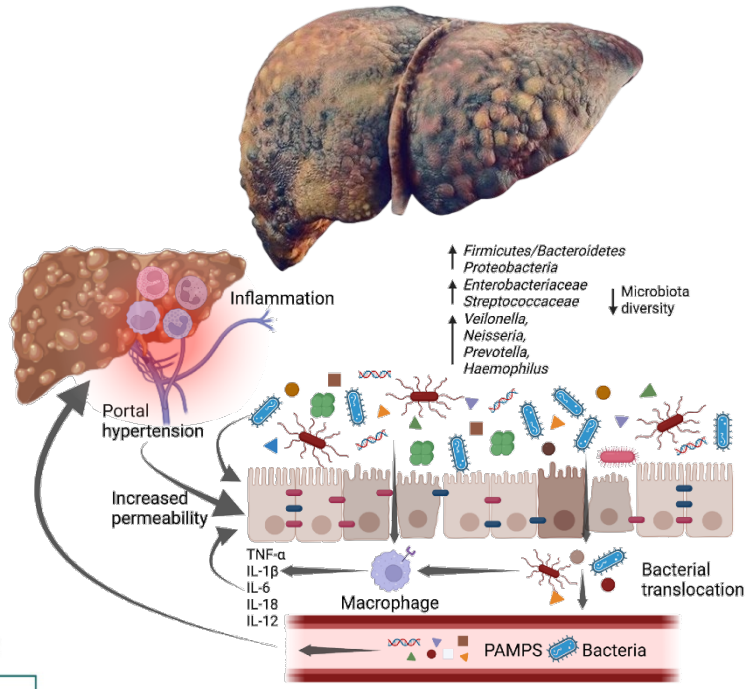
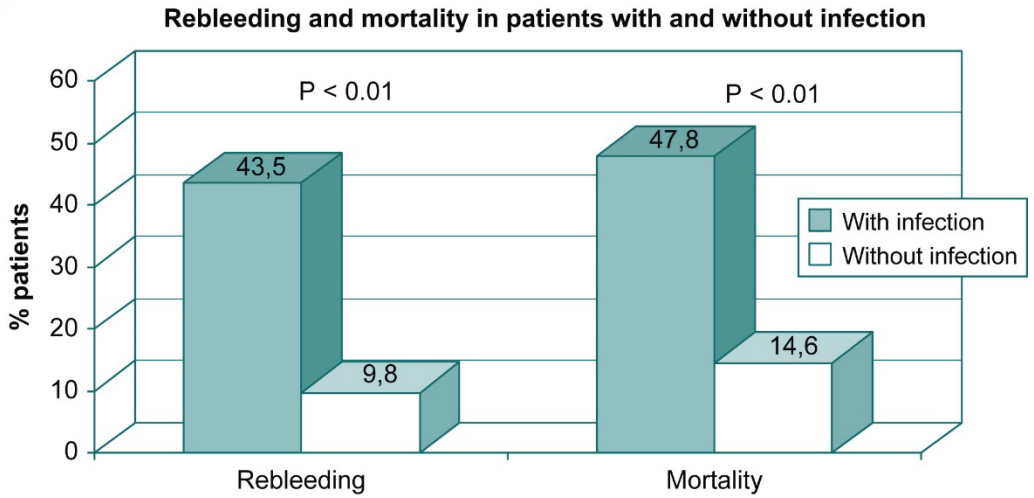
antibiotika









DELL'ERA, A.; DE FRANCHIS, R.; IANNUZZI, F. Acute variceal bleeding: pharmacological treatment and primary/secondary prophylaxis. *Best Practice & Research Clinical Gastroenterology*, 2008, 22.2: 279-294.

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antibiotika

Cefalosporin 3G

Chinolon

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INTUBACE?

KDY ENDOSKOPIE?

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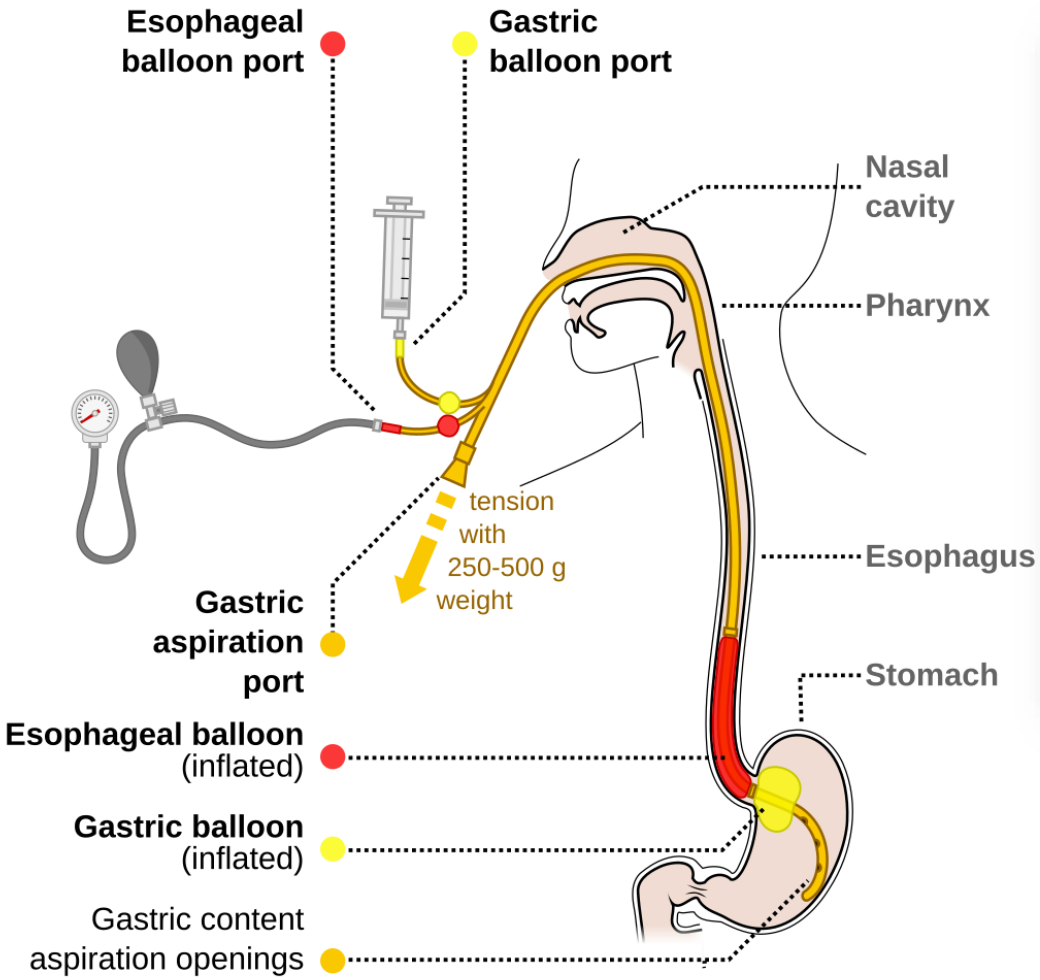
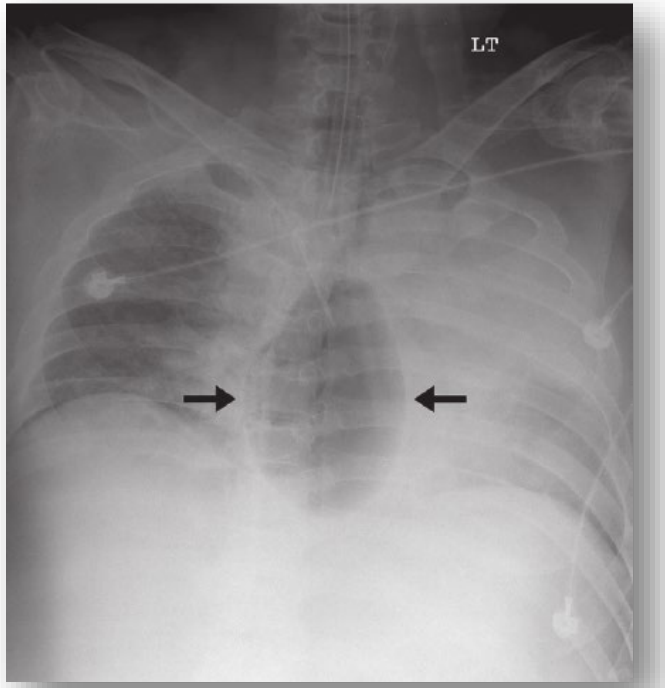
YouTube





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1000x

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Take home message

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Take home message

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