INTRODUCTION

The bleed into the lumen of gastrointestinal tract (GIT) from proximal esophagus to duodenum (up to ligament of Treitz) is called upper gastrointestinal (UGI) bleed (Jensen, 2003). UGI bleed may manifest as hematemesis, melena, hematochezia or anemia (Laine, 2005). As hematemesis results on account of accumulation of blood in stomach, it is more severe than melena which requires only 50ml of blood for single melanous stools (Long Strength, 1995). The incidence of UGI bleed is twice as high in men than women, proportionately increasing with age. However, men present at a younger age group than women (Elghuel, 2011). It has been reported that the common etiology of UGI bleed includes peptic ulcer disease (most common), esophageal and gastric varices, erosive gastritis, Mallory-Weiss tear and angiodysplasia (Palmer KR, 2003). However, the uncommon causes of UGI bleed include gastric malignancy and polyp, duodenal and jejunal diverticuli, blood dyscrasias, vasculitis, uraemia, telangiectasia and polyarteritis nodosa (Person et al, 1989). NSAIDs intake, Helicobacter pylori colonization of stomach and duodenum and peptic ulcer disease increase the risk of UGI bleed (Bjorkman, et al, 1995).

UGI bleed accounts for about 7-8% of the emergency medical admissions. Berry and Wodon in 2006 reported a mortality rate as high as 50% in case of variceal bleed, 10% being the mortality rate attributable to other causes of UGI bleed (Berry et al., 2006). Though UGI endoscopy is gold standard for management of UGI bleed, no source of bleed is found in 5-14% of the cases (Lewis, 2000).

MATERIALS AND METHODS

The present study included 200 patients with UGI bleed admitted in Postgraduate department of Internal Medicine over a period of one year (November 2012 to October 2013) in Government Medical College, Jammu. The mean age of patients was 44.98 ± 12.46 years, 154 (77%) being male. A mean age of 41 years, Male: Female ratio of 3.6:1 and melena being reported the most common clinical presentation (Gurung et al, 2010; Kashyap et al., 2005) corroborates the observations made in our study. Alcoholism followed by NSAIDs use has been found to be the leading causes of UGI bleed (Ghanadi et al., 2013). 95 (47.5%) patients had variceal bleed on account of cirrhosis, 30 (33.33%) of them being treated by endoscopic variceal ligation and 60 (66.67%) being managed conservatively. This is in contrast to the data quoted by an author wherein about 80% of the patients were managed conservatively (Sugawa et al., 1990).

*Corresponding author:Dr. Amit Badgal
Department of Medicine, GMC Jammu, J&K, India
Table 1. Risk factor and clinical associations of UGI Bleed

<table>
<thead>
<tr>
<th>Mean age (years)</th>
<th>44.98 ± 12.46</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male : Female</td>
<td>3.34:1</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>114 (57%)</td>
</tr>
<tr>
<td>NSAIDs</td>
<td>45 (22.50%)</td>
</tr>
<tr>
<td>Smoking</td>
<td>77(38.50%)</td>
</tr>
<tr>
<td>Rural: Urban</td>
<td>120(60%): 80(40%)</td>
</tr>
<tr>
<td>Malena: Malena+ Haematemesis:</td>
<td>102 (51%): 50 (25%):</td>
</tr>
<tr>
<td>Haematemesis</td>
<td>48(24%)</td>
</tr>
<tr>
<td>Esophageal varices: Gastric varices</td>
<td>90(45%): 52(50%)</td>
</tr>
<tr>
<td>Portal Hypertensive Gastropathy</td>
<td>30 (33.33%)</td>
</tr>
<tr>
<td>Malignancy</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

The third most common (17.50%) etiology of UGI bleed as per present study was found to be erosive gastritis, duodenitis and esophagitis, as was previously described (Rao et al., 1991). 4.5% of the patients who presented with UGI bleed had underlying gastric malignancy. Different studies have reported incidence of UGI attributed to underlying gastric malignancies to be 1.2 to 3.7% (Mousavi et al., 2006). In or study, Gastric antral Vascular Ectasia, Gastrointestinal stromal tumors and Mallory Weiss tear were seen in 1 (0.5%), 1 (0.5%) and 2 (1%) of the patients as they are the rare causes of UGI bleed (Palmer, 2003).

**Conclusion**

UGI bleed needs prompt resuscitation with intravenous fluids and blood transfusion for maintaining adequate intravascular volume and early upper GI endoscopy to locate the culprit lesion and intervene sooner, if negotiable. Alcoholism as a leading cause of cirrhosis which decompensates into variceal bleed should be dealt with both medically and by enacting legislations.

**Source of funding:** none  
**Conflict of interest:** none

**REFERENCES**


******