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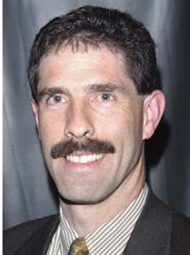
PREFACE

Gastrointestinal Bleeding



Don C. Rockey, MD

Guest Editor

Gastrointestinal bleeding is one of the most common clinical problems in all of medicine and in gastroenterology. Gastrointestinal bleeding can be accompanied by any of a number of clinical presentations. The most common source of overt gastrointestinal bleeding is the upper gastrointestinal tract, whereas bleeding from small bowel or colon is important, but a less common source. Bleeding from the small intestine is particularly challenging. Obscure and occult gastrointestinal bleeding occurs as a result of gastrointestinal tract abnormalities in any region of the gut (or, on occasion, organs linked to the gut). Occult gastrointestinal bleeding may be clinically evident or hidden altogether. If the bleeding site remains unknown after routine endoscopic evaluation, but is clinically evident, the bleeding is coined obscure bleeding. Bleeding that is hidden completely is typically designated occult bleeding.

The current edition, devoted in its entirety to gastrointestinal bleeding, begins with presentation of a practical approach to managing gastrointestinal bleeding. The edition next turns to upper gastrointestinal bleeding. This common and important cause of gastrointestinal bleeding can be caused by an abnormality in the esophagus, stomach, or proximal small bowel. A wealth of data on this topic has been published, and its review begins with a discussion of the epidemiology and diagnosis of upper gastrointestinal bleeding by Drs. Eric Esrailian and Ian Gralneck. They review the most recent epidemiologic data on acute nonvariceal upper gastrointestinal bleeding and outline critical aspects of making an appropriate diagnosis.

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Next, Drs. Charlie Ferguson and Mike Mitchell review the treatment of nonvariceal upper gastrointestinal bleeding. This topic, more than any other, has set the standard for management in the field of gastrointestinal bleeding. For example, data now clearly demonstrate that endoscopic intervention reduces rebleeding and mortality in patients with high-risk ulcer lesions. Newer data suggests that pharmacologic intervention (with proton-pump inhibitors) also reduces the risk of rebleeding. Finally, a number of newer endoscopic therapeutic approaches are being introduced in the area of upper gastrointestinal bleeding, and these are reviewed.

One of the most feared complications of cirrhosis and portal hypertension is variceal hemorrhage. Usually due to esophageal variceal rupture, this complication occurs in an entirely different epidemiologic and clinical setting than nonvariceal upper gastrointestinal bleeding. Thus, this topic, reviewed by Drs. Atif Zaman and Naga Chalasani, requires understanding of many critical issues, including diagnosis and management. Drs. Zaman and Chalasani have elegantly reviewed all critical issues in this area, including those related to management of acute bleeding, prevention of recurrent bleeding, and prevention of the first variceal bleed.

The issue next turns to the topic of lower gastrointestinal bleeding. Lower gastrointestinal bleeding differs from upper gastrointestinal bleeding in many ways. First, the epidemiology of lower gastrointestinal bleeding is substantially different than that of upper gastrointestinal bleeding. Additionally, the diagnostic approach to lower gastrointestinal bleeding is considerably different than that for upper gastrointestinal bleeding. Therefore, the epidemiology and diagnosis of lower gastrointestinal bleeding are first reviewed by one of the leading authorities in this area, Dr. Lisa Strate. The management of lower gastrointestinal bleeding is evolving. Historically, various approaches have been undertaken. A common approach has been watchful waiting, often with elective colonoscopy being performed after bleeding has subsided. However, it remains distinctly possible that more aggressive intervention could lead to improved outcomes. Dr. Byran Green has reviewed the state of the art with regard to management approaches for lower gastrointestinal bleeding, including the usefulness of urgent colonoscopy.

Patients with obscure gastrointestinal bleeding present perhaps the most challenging problems in all patients with gastrointestinal bleeding. This is because by definition they have had multiple episodes of bleeding and have therefore been previously evaluated without identification of a definitive bleeding site. Perhaps the most critical issue on the topic of obscure GI bleeding is that intervention be tailored to each individual based on specific patient characteristics. Thus, Dr. Sauyu Lin reviewed many critical issues on this subject with emphasis on the role of enteroscopy, other diagnostic approaches, and management.

I have included a review on true occult gastrointestinal bleeding, including iron-deficiency anemia and fecal occult blood. This type of bleeding, though rarely life threatening, is perhaps the most common form of gastrointestinal

bleeding. It has substantial overlap with the other forms of gastrointestinal bleeding and requires a thoughtful and focused approach.

One of the most exciting advances in gastrointestinal endoscopy has been the recent introduction of capsule endoscopy, which has become a favored diagnostic tool in various types of patients with gastrointestinal bleeding. This technique, along with enteroscopy, has gained extraordinary momentum over the past several years as a tool to evaluate the small bowel. The issue of small bowel investigation and the use of enteroscopy and capsule endoscopy, is reviewed elegantly by Drs. Elizabeth Carey and David Fleischer.

Radiology and, in particular, interventional radiologic approaches have evolved substantially over the past decade, such that a number of effective and valuable tools for patients who have gastrointestinal bleeding are available. Indeed, interventional techniques have become a cornerstone in the management of many forms of gastrointestinal bleeding and are reviewed in detail by Drs. Michael Miller and Tony Smith. It is critical for the practitioner to be familiar with the radiographic techniques they have reviewed.

I am grateful to all of the authors who so willingly contributed to this issue, which is intentionally comprehensive in nature. I hope that you will find this issue as informative and helpful in your practice of medicine as I have.

Don C. Rockey, MD
Division of Digestive and Liver Diseases
University of Texas Southwestern Medical Center
5323 Harry Hines Boulevard
Dallas, TX 75390-8887, USA

E-mail address: don.rockey@utsouthwestern.edu