Acta Scientific Gastrointestinal Disorders (ISSN: 2582-1091)

Volume 4 Issue 11 November 2021

Editorial

Current Problems of Acute Ulcerative Hemorrhage and Prospects for their Overcoming

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Received: September 20, 2021

Published: October 01, 2021

Peptic ulcer bleedings are the main cause of non-variceal upper gastrointestinal bleeding [1-5]. The morbidity in patients with bleeding peptic ulcers reaches 8 - 10% and increases when recurrent bleeding occurs [1-4]. The imperfection of prognostic scales is one of the reasons for high morbidity. The most common scales are Rockall, Glasgow Blatchford, Baylor, Cedars-Sinai, AIMS65, PNED. However, according to some authors, more accurate scales are needed, and this is why they suggest using additional predictive criteria [6]. A common flaw of the known scales is that they are based exceptionally on clinical criteria and do not take into account the mechanisms of bleeding development.

We have conducted clinical studies that showed that the informativeness of the prognostic scale can be increased to almost 98% in case of including into the scale criteria for the state of hemostasis, oxidation, polymorphism of the PAI-1 gene [7]. We also modified the assessment of hemostasis stability by Forrest [8]. This allows to assess more accurately the reliability of hemostasis in Forrest II class.

Endoscopic hemostasis is the main method of hemostasis. Different methods of Endoscopic hemostasis are used. But the possibility of their use depends on the availability of endoscopic equipment. If endoscopic hemostasis is ineffective, endovascular hemostasis is recommended. If the bleeding cannot be stopped, emergency surgery should be performed. The results of such operations are not very good. Therefore, the prospect is to improve prognostic scales, diagnostic methods and minimally invasive treatment of ulcerative hemorrhage. But the main thing is to prevent complications of peptic ulcer.

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