

Public release date: 10-Sep-2008



Contact: Lai-Fu Li

wjg@wjgnet.com

86-105-908-0039

[World Journal of Gastroenterology](#)

A new breakthrough in timing of urgent endoscopy for gastrointestinal bleeding patients

It is widely accepted that urgent endoscopy for UGIB should be performed within 24 hour from the admission. However, within this period of time, it is still unclear whether it should be performed either very early – i.e. within 2 hour – or in a more delayed interval, such as after 6, 12 or 24 hour. Therefore, optimal timing for urgent endoscopy in UGIB patients has not been yet established.

A research article to be published on August 28, 2008 in the *World Journal of Gastroenterology* addresses this question. The research team led by Professor, Tammaro from "San Giovanni Addolorata" Hospital in Rome prospectively assessed whether a simplified clinical score prior to endoscopy in UGIB patients was able to predict either active bleeding or endoscopic signs of recent haemorrhage which may deserve an urgent (< 2 h) endoscopy.

When classifying 436 patients according to this score (T-score), active bleeding or signs of recent hemorrhage was detected in 85% of T1 (most severe) patients and only in 5% and 2% of those T2/T3 (less severe), respectively.

This study shows that timing of urgent endoscopy following an episode of UGIB may be differentiated according to a simple score purely reflecting the clinical conditions of the patients. This would allow most of the high-risk patients to be effectively treated, whilst delaying most of the purely diagnostic procedures in low risk clinical patients. A future, randomized study is required to validate this clinical score.

###



