

PREFACE

Gastrointestinal (GI) bleeding is an extremely common clinical problem resulting in more than 300,000 hospitalizations annually in the United States. The overall incidence of upper GI bleeding is approximately 125 hospitalizations for every 100,000 people, with a male to female ratio of 2/1. Lower GI bleeding is far less common. Interestingly, the mortality from upper GI bleeding has remained stable at 10% over the past 45 years, despite improved diagnosis and newer therapeutic modalities, although this may reflect, at least in part, the aging population with a significantly higher GI bleeding mortality. Fortunately, the mortality from lower GI bleeding has decreased dramatically, despite the higher risk among the aging population owing, in large part, to early detection and intervention. Although GI bleeding can be acute or chronic, mortality from acute GI bleeding is much greater than that for chronic bleeding. Therefore, it is important to understand the pathogenesis of acute GI bleeding, with an emphasis on early detection, prevention, and intervention, in order to minimize morbidity and mortality.

Acute Gastrointestinal Bleeding: Diagnosis and Treatment covers a wide range of topics, with particular emphasis on the pathophysiology, diagnosis, management, and treatment of various acute bleeding disorders. The general approaches to the acute GI bleeding patient are discussed in terms of supportive care, early detection and determination of upper vs lower GI bleed, when to transfuse, as well as early predictors of morbidity and mortality. Outlined in this volume are the many dilemmas faced by physicians in the approach to the acute GI bleeding patient, such as localization of the bleeding source (upper vs lower), the need and timing for emergent endoscopy, and the timing for radiologic intervention and/or surgery. The emphasis throughout is on patient management, diagnostic measures, and treatment modalities. Diagnostic and treatment algorithms for acute GI bleeding determined by evidence-based medicine and standard-of-care issues are included.

We hope that this book serves as a useful reference for both primary care physicians as well as gastroenterologists.

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