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LOWER GASTROINTESTINAL BLEEDING. GENERAL PRINCIPLES

Acute lower gastrointestinal (GI) bleeding continues to be a frequent cause of hospital admission and is a factor in hospital morbidity and mortality. Mortality rates are reportedly 10-20% and are dependent on age (> 60 year), multiorgan system disease, transfusion requirements in excess of 5 units, need for operation, and recent stress (e.g., surgery, trauma, sepsis). Localization hemorrhage relatively to the Treitz ligamentum directs the initial evaluation and resuscitation. The passage of maroon stools or bright red blood from the rectum is usually indicative of massive lower GI hemorrhage. Lower GI hemorrhage is defined as an abnormal intraluminal blood loss from a source distal to the Treitz ligamentum. Massive GI bleeding is a life-threatening condition.

Definition of massive lower GI bleeding

1. Passage of a large volume of red or maroon blood through the rectum
2. Hemodynamic instability and shock
3. Initial decrease in hematocrit level of 6 g/dl or less
4. Transfusion of at least 2 units of packed red blood cells
5. Bleeding that continues for 3 days

6. Significant rebleeding in 1 week Lower GI hemorrhage can be due to numerous conditions, including diverticulosis, familial polyposis and polys, anorectal diseases (hemorrhoids, anal fissure, fistula-in-ano), carcinomas, inflammatory bowel disease (Crohn disease, ulcerative colitis) and angiodysplasias. Rare causes of lower GI bleeding are ischemic colitis, mesenteric vascular insufficiency, chronic radiation enteritis and proctitis, portal colopathy, solitary rectal ulcer syndrome, Dieulafoy lesion of colon, intussusception, endometriosis. The evolution of more sophisticated diagnostic imaging (angiography, bleeding scan, fiberoptic colononoscopy) offers the promise of precise localization of the bleeding site. Precise localization of the bleeding point is essential for treatment of lower GI bleeding. Despite the improvement in diagnostic imaging and procedures up to 10-20% of the patients with lower GI bleeding have no demonstrable bleeding source, therefore, noninvasive diagnostic images and technique should be developed to improve patient outcome. From 2000 to 2005 years in our clinic have been investigated and treated 32 patients by above mentioned method. Results are positive.

