Nonvariceal Upper Gastrointestinal Bleeding

Upper gastrointestinal bleeding (UGIB) refers to bleeding in the upper part of the digestive system, to include the esophagus, stomach, and the beginning of the small intestine. The most common type is nonvariceal UGIB, which is bleeding not related to liver disease. The most common causes are an ulcer or nonsteroid anti-inflammatory drug use, such as aspirin or ibuprofen. Symptoms can be obvious, such as blood in vomit or stool, or hidden, seen only through stool or blood tests. To find the source of the bleeding, endoscopy is often done, where a thin tube with a camera is inserted into the body, usually through the mouth.

For initial diagnosis of UGIB without an endoscopy, CT angiography (CTA) of the abdomen and pelvis without and with intravenous (IV) contrast is usually appropriate. If endoscopy has shown the cause of bleeding but treatment is not possible, or if there is continued bleeding after endoscopic treatment, visceral arteriography (an x-ray scan of arteries in the abdomen with IV contrast) or CTA of the abdomen and pelvis without and with IV contrast is usually appropriate. When endoscopy has not revealed a clear cause, CTA of the abdomen and pelvis without and with IV contrast is usually appropriate. When endoscopy has not identified any bleeding, CT enterography (imaging of the small intestine with oral contrast) or CTA of the abdomen and pelvis without and with IV contrast is usually appropriate. When the known cause of bleeding is a recent surgery or injury and performing endoscopy is not safe, visceral arteriography or CTA of the abdomen and pelvis without and with IV contrast is usually appropriate.

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