

Endoscopy within six hours does not lower mortality in GI bleed

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occurred in 10.9 and 7.8 percent of [patients](#) in the urgent- and early-endoscopy groups, respectively (difference, 3.1 percentage points; 95 percent confidence interval, ?1.9 to 8.1). On initial endoscopy, ulcers with active bleeding or visible vessels were found in 66.4 and 47.8 percent of those with [peptic ulcers](#) in the urgent- and early-endoscopy groups, respectively.

"In the urgent-[endoscopy](#) group, we found more ulcers that were actively bleeding and that had major stigmata of bleeding, resulting in more frequent endoscopic treatment. The more frequent endoscopic treatment, however, did not translate into a lower incidence of further bleeding or fewer deaths," the authors write.

Several authors disclosed ties to the pharmaceutical industry.

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(HealthDay)—Endoscopy within six hours versus six to 24 hours after consultation is not associated with lower 30-day mortality in patients with acute upper gastrointestinal bleeding who are at high risk for further bleeding or death, according to a study published in the April 2 issue of the *New England Journal of Medicine*.

James Y.W. Lau, M.D., from the Chinese University of Hong Kong in Shatin, and colleagues randomly assigned patients with overt signs of acute upper gastrointestinal bleeding and a Glasgow-Blatchford score of 12 or higher to undergo endoscopy within six hours (urgent-endoscopy group, 258 patients) or between six and 24 hours (early-endoscopy group; 258 patients) after gastroenterologic consultation.

The researchers found that 30-day mortality was 8.9 and 6.6 percent in the urgent- and early-endoscopy groups, respectively (difference, 2.3 percentage points; 95 percent confidence interval, ?2.3 to 6.9). Further bleeding within 30 days

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