Clinical Analysis of Upper Gastrointestinal Bleeding in Patients with Chronic Renal Insufficiency

Hyuk Lee, Nam-Hoon Kim, Yu Jung Cho, Hwa Young Song, Jin Ho Jun, Dong-Hoon Oh, Tae Jun Song, Won Ki Bae, Kyung-Ah Kim, June Sung Lee

Department of Internal Medicine, Ilsan Paik Hospital, Inje University College of Medicine, Goyang, Korea

Background/Aims: The risk of upper gastrointestinal (UGI) bleeding is expected to be increased among patients with chronic renal insufficiency compared to the general population. But, there are rare studies investigating causes and clinical course of UGI bleeding in patients with renal insufficiency comparing patients with normal kidney function.

Methods: A total of 102 UGI bleeding patients during a recent five-year period were evaluated in 3 groups retrospectively; end-stage renal disease patients on dialysis (ESRD group) (n=24) were age matched with patients with chronic kidney disease not requiring dialysis (CKD group) (n=28) and those with normal kidney function (normal group) (n=50).

Results: Multivariate analysis showed that significant predictors of rebleeding was ESRD. The ESRD group had an odds ratio (OR) of 19.0 (95% CI, 2.073~175.6; p=.009) for rebleeding compared with the normal group. There was statistically significant difference in the mean number of transfusion (ESRD vs Normal: p<.003) and the mean length of hospitalization (ESRD vs Normal: p=.015).

Conclusions: ESRD and CKD group had greater rebleeding rate than normal group. Chronic renal insufficiency itself should be considered as important risk factor associated with rebleeding and morbidity of UGI bleeding.

Key Words: Chronic renal insufficiency, Upper gastrointestinal bleeding, Rebleeding, Transfusion