



A Short Note on GI Bleeding in Patients under Critical Intensive Care

Stasi Elisa*

Department of Gastroenterology & Hepatology, Mayo Clinic, USA

DESCRIPTION

In critically ill patients, gastrointestinal bleeding caused by stress ulcers is a common consequence. On the basis of positive outcomes from randomised trials, prophylactic interventions such as neutralisation of stomach acid, reduction of gastric acid output, and cytoprotectants are frequently advocated. According to a recent meta-analysis, individuals who received prophylaxis had a 50% lower risk of clinically significant bleeding. Gastrointestinal (GI) bleeding is a symptom of a digestive tract problem. Blood is frequently seen in faeces or vomit, although it isn't always visible, even if it causes the stool to appear dark or tarry. The severity of the bleeding can range from minor to severe, and it can be fatal. Stress ulcer prophylaxis has been studied for three decades since major upper gastrointestinal bleeding is a well-known consequence of severe disease. Upper gastrointestinal bleeding that is clinically significant is defined as macroscopic bleeding that causes haemodynamic instability or necessitates red blood cell transfusion. Clinically significant bleeding rates are low in diverse ICU patients, but those who require mechanical ventilation for more than 48 hours to 52 hours or who have a coagulopathy are at higher risk. In high-risk mechanically ventilated patients, histamine-2-receptor antagonists lower the incidence of clinically significant bleeding from 9% to 4%. The signs and symptoms of GI bleeding can be visible or hidden. The signs and symptoms vary depending on the site of the bleed, which can occur anywhere along the GI tract, from the mouth to the anus, and the pace of bleeding.

Symptoms for GI Bleeding

1. Overt bleeding can take the form of certain scenarios like; Vomiting blood, which can be crimson or dark brown in colour and has a texture similar to coffee grounds Stool, black and tarry Rectal bleeding, which occurs in or with stool, is common etc.
2. Occult bleeding can take the form of certain scenarios like; Light-headedness Breathing problems Fainting Pain in the chest Pain in the abdomen

Causatives of GI Bleeding

GI bleeding though Upper GI bleeding

Peptic Ulcer: The most prevalent cause of upper GI bleeding is this. Peptic ulcers are sores that form on the stomach's lining and the upper portion of the small intestine. Stomach acid destroys the lining of the stomach, either due to germs or the use of anti-inflammatory medicines, resulting in sores.

Intestinal line-tearing: Perforations in the tube that links your neck to your stomach's lining (esophagus). Mallory-Weiss tears are a type of tear that can result in a lot of blood. These are more common in those who consume excessive amounts of alcohol.

Abnormality of veins: Veins in the oesophagus that are abnormally swollen (esophageal varices). This disorder is particularly common in persons who have advanced liver illness.

GERD: The most common cause of esophageal inflammation is gastroesophageal reflux disease (GERD).

GI bleeding though Lower GI bleeding

IBD: Ulcerative colitis, which causes inflammation and ulcers in the colon and rectum, and Crohn's disease, which causes inflammation of the digestive system lining, are examples.

Diverticulosis: This is characterised by the formation of tiny, bulging pouches in the digestive tract (diverticulosis). Diverticulitis occurs when one or more of the pouches become inflamed or infected.

Hemorrhoids: Similar to varicose veins, these are bulging veins in the anus or lower rectum.

Proctitis: Rectal bleeding can be caused by inflammation of the rectum's lining.

Complications with GI Bleeding

There are several complications like, the patient fails to lead a normal lifestyle as he or she suffers with the unbearable pain and fails to have proper food and sleep. These phenomena make the patient to go into shock, may cause anaemia with blood loss and even lead to death of the patient.

CONCLUSION

The risk of GI Bleeding can be reduced or prevented by follow-

Received:	26-January-2022	Manuscript No:	IPJICC-22-12984
Editor assigned:	28- January 2022	PreQC No:	IPJICC-22-12984 (PQ)
Reviewed:	11-February 2022	QC No:	IPJICC-22-12984
Revised:	16-February 2022	Manuscript No:	IPJICC-22-12984 (R)
Published:	25-February 2022	DOI:	10.36648/2471-8505- 8.2.68

Corresponding author Stasi Elisa, Department of Gastroenterology & Hepatology, Mayo Clinic, USA; E-mail: stasi_e@m.edu

Citation Stasi Elisa (2022) A Short Note on GI Bleeding in Patients under Critical Intensive Care. J Intensive Crit Care. 8(2):68.

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ing the healthy lifestyle patterns as well as by following certain precautionary measures like, limiting less use of the NSAIDS, less alcohol consumption, quitting smoking, reducing spices quantity in daily intake of food etc.

The author's declared that they have no conflict of interest.

Acknowledgement

None

Conflict of Interest