

# Medicine Hx - Gastrointestinal System

## History of “GI Bleeding”

### A. Overview:

Patients may present with the problem of haematemesis, melaena or haematochezia. You have to differentiate between upper and lower

GI Bleed because the DDx and management vary.

UGIB: Proximal to the ligament of Treitz, Duodenum, stomach, esophagus

LGIB: Distal to the ligament of Treitz, small intestine & Colon.

### B. Differential diagnosis:

DDx	What support this diagnosis?
Upper gastrointestinal tract	
Peptic ulcer	<b>Risk factors:</b> NSAIDS, h pylori infection, Zollinger Ellison. <b>Typical Symptoms:</b> abdominal pain, bloating, hematemesis, melena <b>Complication:</b> GI Bleed, perforation
Esophageal varices	Caused by portal hypertension secondary to cirrhosis
Lower gastrointestinal tract	
Diverticulosis	<b>Risk factors:</b> old age, constipation, low dietary fiber, connective tissue disorders, hereditary. <b>Typical Symptoms:</b> Hematochezia, Cramps and tenderness <b>Complication:</b> anemia, abscess
Angiodysplasia	<b>Risk factors:</b> old age <b>Typical Symptoms:</b> GI Bleeding <b>Complication:</b> anemia
Colonic carcinoma or polyp	<b>Risk factors:</b> old age, male, diet, obesity, smoking IBD, familial adenomatous polyposis and non-polyposis <b>Typical Symptoms:</b> Rectal bleeding, constipation, decrease thickness of stool, loss of appetite, weight loss, N&V
Hemorrhoids or anal fissure	<b>Risk factors:</b> constipation, lack of activity, low fibers, pregnancy <b>Typical Symptoms:</b> painless or painful, rectal bleeding

### C. Questions to Ask the Patient with this presentation

Questions	What you think about ... !
<b>Describe</b>	
<i>What was the color of the stool?</i>	Melena suggest UGIB or slow LGIB, hematochezia suggest LGIB or massive UGIB
<i>Is it mixed with stool?</i>	Bleed from an anorectal source
<i>How many times? And when did it start?</i>	Repeated episodes suggests significant blood loss
<i>Have you been passing large amount of blood?</i>	Indicates the amount loss and severity
<i>Last time you passed blood?</i>	If no in the last 4-6 hours bleeding slowed or stopped
<i>Have you had any dizziness ?</i>	Indicates significant volume loss
<i>Weight loss?</i>	Neoplasm
<i>Diarrhea or constipation association?</i>	Colon cancer, IBD
<b>Ask about Hematemesis, if yes then ask:</b>	
<i>Fresh blood or coffee-grain stained?</i>	Fresh= ongoing bleeding , coffee-grain= slowed or stopped
<i>Before you saw the blood, did you experience intense reching or vomiting</i>	Mallory-weisse tear
<i>Have you been taking NSAIDS?</i>	Peptic ulcer
<i>Do you drink alcohol or do you have liver disease?</i>	Esophageal varices
<i>Have you had peptic ulcer ?</i>	Another peptic ulcer
<i>When did it start ? how many times for how long</i>	Ongoing hematemesis with hematochezia or melana suggest Esophageal varices, peptic ulcer.
<b>Past history</b>	
<i>History of peptic ulcer, diverticulosis, IBD, radiation therapy, CAD, CKD, liver disease?</i>	...
<i>History of immunodeficiency? HIV?</i>	CMV ulcers, Kaposi sarcoma, fungal
<i>Surgeries?</i>	
<i>Warfarin, heparin?</i>	<b>Potentiate bleeding</b>
<i>Immunosuppressant?</i>	<b>infections</b>
<i>Family history of IBS, IBD Cancer?</i>	
<b>History of blood disorders?</b>	
<i>Have you had symptoms like this before?</i>	

#### D. Review of symptoms related to the system of interest.

- Heartburn?
- Pain on swallowing?
- Dysphagia?
- Dyspepsia?
- Jaundice, acitis, palmar erythema, etc...
- Bloody diarrhea
- Straining with defecation
- Abdominal pain

#### E. Systematic Review Go to Medicine - Hx - "General" topic!

432 OSCE TEAM

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