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DUODENOSCOPY AND THE DIAGNOSIS OF UPPER GASTRO-INTESTINAL BLEEDING. O. T. Nebel and D. O. Castell. Naval Hospital, San Diego, California and Philadelphia, Pennsylvania. Despite a vigorous diagnostic approach (VDA) using barium contrast radiography and fiberoesophagogastroscopy, the site of acute upper gastrointestinal (UGI) bleeding remains undiagnosed in 7 to 25% of patients. This study was designed to determine if the recently developed fiberduodenoscope (Olympus-JF) would aid in the diagnosis of patients with UGI hemmorrhage. Fifty patients with acute UGI bleeding were evaluated within 24-48 hours by barium contrast radiography, esophagogastroscopy, and duodenoscopy. The mean age of the patients was 47 years, and 65% were veterans or retired military personnel. A pathologic lesion to which the bleeding could be attributed was found in all patients. These lesions included gastritis (32%), duodenal ulcer (30%), gastric ulcer (16%), Mallory Weiss syndrome (10%), esophageal varices (8%), and erosive esophagitis (4%). Nine (18%) patients had lesions that could have been the source of UGI bleeding but were not the site of acute bleeding. Duodenoscopy was the only positive diagnostic procedure in 7 (14%) patients. These data findings indicate that duodenoscopy should be performed on all patients with UGI bleeding because of the frequent occurrence (14%) of radiographically unrecognized duodenal ulceration.

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SUBSPECIALTY: Gastroenterology

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