



Prevalence of Endoscopic Findings in Upper Gastrointestinal Bleeding At Aliabad Teaching Hospital

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Abstract

Background: Upper gastrointestinal (GI) bleeding is defined as hemorrhage from the mouth to the ligament of Treitz.

In this study, we found 28 cases among a total of 700 patients who were admitted from March 20, 2024, to June 20, 2024, in Aliabad Teaching Hospital.

The gastrointestinal bleeding may involve many distinctive situations. The reason for this variety is that bleeding can arise from multiple lesions and numerous internal situations in the upper gastrointestinal tract.

Patients with significant upper GI bleeding often have hemodynamic compromise and are rapidly transported to the emergency department for resuscitation, stabilization, and hospitalization. This study aims to determine the prevalence of endoscopic findings in upper gastrointestinal bleeding.

Methods: this study is in a descriptive cross-sectional design, which was carried out with the prescription of 28 patients in which 13 patients done endoscopy who were admitted to the inpatients service of Aliabad teaching hospital from 3, 20, 2024 till 6, 20, 2024.

The data collected from the patient's files were inserted into the SPSS program, and then all the calculations were performed in this software.

Results: This result shows the prevalence of endoscopic finding in UGIB patients 7, 692 % of them were below 30 years of age, followed by 15, 384% of the patients were between 31 - 40 years and 7, 692% of the patients were in the ages among 41 -50 years and between the ages of 51-60 years there were 30,769 % of the participants in this study and 30, 769% of the participants were above 60 years of ages and in the ages 71 - 80 participants 7, 692%.

In this study 53, 846% of the patients were males 46, 153% of the patients were females. In this study 53, 846% were from province and 46, 135% were from capital of Afghanistan .

Conclusion: this research shows that the high prevalence of endoscopic finding in UGIB were among men and in elderly people. However, the high prevalence was erosive gastritis due to NSAIDS, which requires more attention to control and treat UGIB and to prevent complications.**Key words:** UPGIB, Endoscopic finding, prevalence.**Introduction**

Upper gastrointestinal (GI) bleeding is defined as hemorrhage from the mouth to the ligament of Treitz. Common risk factors for upper GI bleeding include prior upper GI bleeding, anticoagulant use, high-dose nonsteroidal anti-inflammatory drugs use, and older age.

Causes of upper GI bleeding include peptic ulcer bleeding, gastritis, esophagitis, variceal bleeding, Mallory-Weiss syndrome, and cancer. The signs and symptoms of upper GI bleeding may include abdominal pain, lightheadedness, dizziness, syncope, hematemesis, and melena.

Physical examination includes assessment of hemodynamic stability, presence of abdominal pain or rebound tenderness, and examination of stool color. Laboratory tests should include a complete blood count, basic metabolic panel, coagulation panel, and liver tests. A bolus of normal saline or lactated Ringer solution should be rapidly infused to correct hypovolemia and to maintain blood pressure, and blood should be transfused when

hemoglobin is less than 8 g per dL. Patients with hemodynamic instability and signs of upper GI bleeding should be offered urgent endoscopy, performed within 24 hours of presentation. A common strategy in patients with failed endoscopic hemostasis is to attempt transcatheter arterial embolization, then proceed to surgery if hemostasis is not present.

Proton pump inhibitors should be initiated for upper GI bleeding. Guidelines recommend high-dose proton pump inhibitor treatment for the first 72 hours post-endoscopy because this is when rebleeding risk is highest. After upper GI bleeding, antithrombotic therapy is started because the bleeding is difficult to control. In one international research study, the mean age of the study population was 52.19 years. The majority prevalence (33%) was in the age group of 51-60 years. Of the study population, 82.7% were male and 17.3% were female. Chronic alcohol intake was found to be the most common risk factor, followed by drug intake. On upper

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gastrointestinal endoscopy, esophageal varices (65.3%) were the most common finding, followed by peptic ulcer disease (25.2%), gastric erosions (2.6%), gastroduodenitis (1.3%), Mallory-Weiss tear (1.3%), and carcinoma stomach (1.3%). (Anshul, Navpreet Singh, Hardik Pahuja Jr, Vineet Kumar, Bhuvan Priyanshu Popli, Sachin Kumar) . Punjab, India 2023 Jun 14

In one international research, which shows (66.67 %) male and 24 (33.3 %) female. Endoscopy was done in all cases, showing that gastric ulcer disease 27.8% was the commonest cause of UGI bleeding, followed by variceal bleeding 25%, gastric erosion 16.7% and duodenal ulcer 12.5%. (Rajesh Kumar Mandal) Krishna Raj Adhikari. Pokhra Nepal. January 2019 to January 2020.

In one international research, there were 100 males (49.3%) and 103 females (50.7%) who underwent endoscopy. Esophageal varices were found in 65% cases. There were more men (68%) with varices than women (32%). Almost 10% patients had gastric erosions, 9% had antral gastritis, 6.4% had pangastritis, and peptic ulcer disease was found in 5.8% cases. (Saleh Mohammad, Bashir Chandio , Abrar Shaikh , Aftab A Soomro , Amber Rizwan .) 2019 Mar 19. Sukkur, Pakistan, from 1st January 2017 to 30th June 2018. The overall prevalence of upper gastrointestinal endoscopic findings in the community was 30% in the Kalixanda study (Sweden), 24.9% in the Loiano-Monghidoro study (Italy), and 68.9% in the Systematic Investigation of Gastrointestinal Diseases study (China). The prevalence of esophagitis was 11.2%, esophageal metaplasia (ESEM) was 5.1%, peptic ulcer was 6.8%, and gastric cancer was 0.33%. The most frequent finding was esophagitis in Europe, with a prevalence of 15.5% in Sweden and 11.8% in Italy, and peptic ulcer in China (17.1%) (Rocco Maurizio Zagari, Leonardo Henry Eusebi, Stefano Rabitti, Laura Cristofori, Amanda Vestito, Nico Pagano, Franco Bazzoli). Australia. 2016 Sep;31.

In this study, a total of 171 patients had endoscopy for UGIB, but 168 had complete data. The most common endoscopic finding was peptic ulcer disease (77; 45.8%), followed by esophagogastric varices (27; 16.1%), erosive mucosal disease (25; 14.9 %), portal hypertensive gastropathy (15; 8.9%), suspected malignancies (11; 6.6%), hemorrhagic gastritis (7; 4.2%), gastric antral vascular ectasia (2; 1.2%), and Mallory-Weiss tear (1; 0.6%), respectively.. Ultimately, the conclusions of the research were: Peptic ulcer

Table 1 shows prevalence of endoscopic finding in UGIB according to the age.

Ages / years	Counts of patients
21 – 30	1 (7, 6 %)
31 – 40	2 (15, 3 %)
41 – 50	1 (7, 6 %)
51 – 60	4 (30, 7 %)
61 – 70	4 (30, 7 %)
71 – 80	1 (7, 6 %)
81 – 90	. (0%)
Total	13 (100 %)

Table 2: Shows prevalence of endoscopic finding in UGIB according to the sex.

Males	7 (53, 8 %)
Females	6 (46, 1 %)
Total	13(100 %)

Table 3 shows the prevalence of endoscopic findings in UGIB according to the residence.

disease was the most common cause of UGIB, and the elderly male patients were the most affected. (Abiodun C Jemilohun ¹, Kolawole O Akande ², Taamaka D Ngubor ³, Omosivwe Oku ³, Marion I Ogumola ³, Yetunde O Adesuyi). Ogun State, Nigeria. 2022 Mar 30. A total of 376 patients had endoscopy for UGIB, which included 260 (69.1 %) males and 116 (30.9 %) females. The most common cause of UGIB was peptic ulcer disease (duodenal ulcer and gastric ulcer), consisting of 31.38 %, followed by erosive gastritis (23.94 %), oesophageal varix (11.17 %), portal hypertensive gastropathy (10.64 %), and duodenitis (8.51 %). Gastrointestinal malignancy (gastric and oesophageal cancers) was reported in 3.98 % and rare causes of UGIB were Mallory-Weiss syndrome (1.86 %), and esophagitis (1.60 %). Among them, 4.26 % of the patients had normal endoscopy findings. (Koushik Chakma, Saumik Chakraborty, Avik Chakraborty), Agartala, India.. May, 03, 2021.

Method and Materials: The aims of this study are to find out a descriptive, cross-sectional, and involved collecting data in a census-like manner from the registration book and documents of the Medicine department in Aliabad teaching hospital. The study aimed to include all cases of endoscopic findings in upper gastrointestinal bleeding caused by peptic ulcer disease, erosive gastritis due to NSAIDS, and Stress and Gastric carcinoma. These occurred between 3 , 20 , 2024, and 6 , 20 , 2024 and were referred to the Department of Medical Services in Aliabad teaching hospital.

Results

According to the aim of this study between 3 , 20 , 2024 till 6 , 20 , 2024 in the Department of Medicine in Aliabad teaching hospital admitted total of 28 patients have Upper gastrointestinal bleeding .

Among these 28 admitted patients, 13 patients underwent upper gastrointestinal endoscopy; among these 13 patients, 7, 692 % of them were below 30 years of age, and 15, 384% of the patients were between ages 31 -40 years.

However, in this study 7, 692% of patients were in the age range of 41 - 50 years. Between the ages of 51-60 years, there was 30,769 % prevalence of the patients however in this study 30, 769% of the participants were above 61 - 70 years of ages and in the ages 71 – 80 participants were 7, 692% prevalence.

Table 5. Shows the prevalence of total endoscopic findings in UGIB

UGIB	Endoscopic findings
Gastric ulcer	2 (15, 3 %)
Duodenal ulcer	1 (7, 6 %)
NSAIDS induced gastritis	6 (46, 1 %)
Stress gastritis	2 (15, 3 %)
Gastric carcinoma	2 (15, 3 %)
Total	13 (100 %)

Regardless of these 13 patients, 46,153 % were NSAID-induced erosive gastritis 15, 384% were stress-induced erosive gastritis. The aim of this study is to investigate the prevalence of Endoscopic findings in upper gastrointestinal bleeding, focusing on gender, age, and additionally, to compare diseases that cause UGIB.

About gender, a higher prevalence of upper gastrointestinal bleeding was among men (53, 846%) than women (46, 153 %) because the male gender is a risk factor for UGIB.

The majority prevalence of these upper gastrointestinal bleeding occurred among individuals aged between 51 – 60 and between 61 – 70 years (30, 769%) respectively, because old age is one risk factor for UGIB.

Capital	6 (46, 153 %)
Provinces	7(53, 8 %)
Total	13(100 %)

Table 4 shows the prevalence of gastric carcinoma in UGIB

Disease	Endoscopic findings in
Gastric carcinoma	2 (15, 3%)
Non-gastric CA	11(84, 6%)
total	13(100 %)

Out of these 13 patients, the prevalence of gastric ulcer was 15,384 % the prevalence of duodenal ulcer was 7,692%, and the prevalence of Gastric carcinoma was found 15, 384 %.

Discussion

In our research on age, the highest prevalence of UGIB was among individuals aged 51 – 60 and 61 – 70 years (30,769%), respectively. In one international research shows the majority prevalence (33%) were in the age group of 51-60 years . When we compare our findings to the international research, our findings are also the same. (Anshul and his colleagues). Punjab, india June 14 2023. The primary cause about residence of UGIB which was more common in province people 53 , 846 % and in capital 46,153% because in the province society they have very limited education with high incidence of H-Pylori infection which causes chronic gastritis and peptic ulcer.

In this study about gender the highest prevalence of endoscopic finding in UGIB were found in men (53,846%) than women (46 , 153%) while the prevalence of endoscopic finding in international research shows 69,1% and 66,67% in males and 30,9% and 33,3% in females which shows high prevalence in males than females also (Koushik Chakma , and his colleagues India , May. 03, 2021 ; Rajesh Kumar Mandal , and his colleagues . Pokhra Nepal. January 2019 to January 2020.) Respectively. When we compare our findings with the international findings.

However in this study we found 46, 153% prevalence of erosive gastritis due to NSAIDS induced gastritis and 15, 384% prevalence of stress gastritis which were more common because afghn society is more face with several infectious disease, rheumatoid arthritis and musculoskeletal diseases and high incidence of H- pylori infection which causes chronic gastritis and the othr hand afghan people use NSAIDS without doctors prescription and without enough water intake during NSAIDS use because NSAIDS pill induced gastritis and gastropathy and gastrointestinal bleeding may occurred because the prevalence of NSAIDS induced erosive gastritis is highest. However, among the above 13 patients, the prevalence of gastric ulcer was 15,384 % and duodenal ulcer was 7,692%, while the prevalence of the international research about gastric ulcer is 27,8% and duodenal ulcer is 25%, 16.7%, 12,5% respectively. (Rajesh Kumar Mandal and his colleagues Nepal. January 2019 to January 2020. When we compare our findings to international research, my endoscopic findings are approximately the same as those of international research.

In this study, the prevalence of Gastric carcinoma was found to be 15. 384 % While in international research, the prevalence of gastric cancer was 0,33% (Rocco Maurizio Zagari and his colleagues, Australia. 2016 Sep;31. When we conducted our findings in upper international research, my findings were highest because the prevalence of H pylori infection is higher in Afghan society, which is a cause of peptic ulcer disease and gastric carcinoma.

Conclusion

Based on our research and literature data, the primary cause about habitation and residence of UGIB which was more common in province peoples because they have very limited education uses NSAIDS frely which causes erosive gastritis and gastropathy. The highest prevalence of UGIB occurred among Afghan peoples aged 5th and 6th decade are old aged who face with several infectious disease, rheumatoid and musculoskeletal disease Uses NSAIDS without doctors prescription and without enough water intake because NSAIDS induced gastritis and gastropathy and high incidence of H- pylori infection which causes of chronic gastritis and peptic ulcer disease and gastrointestinal bleeding may occurred. About gender, the highest prevalence of endoscopic findings in UGIB was found in men compared to women because the male gender is thought to be one of the risk factors for upper GI upset and peptic ulcer. Also, in our study, we found that among 13 cases of endoscopic findings, the erosive gastritis due to the more use of NSAIDS and psychogenic problems due to war present for 45 years in Afghanistan, which induce stress gastritis, were more common than others. Among 13 patients, the prevalence of gastric ulcer, duodenal ulcer, and Gastric carcinoma which were relatively the same as that above the international research.

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