KSN 2019
Seoul, Korea · May 23 - 26

Abstract Type : Poster
Abstract Submission No. : PO-1518

Vulnerable patient with chronic kidney disease in upper gastrointestinal bleeding.

Tae Won Lee, Eunjin Bae, Hyun Seop Cho, Ha nee Jang, Junhyeong Cho, Hyun Jung Kim, Se-Ho Chang, Jeonggu Na, Dong Jun Park
Department of Internal Medicine-Nephrology, Gyeongsang National University Hospital, Korea, Republic of

Objectives:

Upper gastrointestinal(UGI) bleeding occurs at a higher rate in patients with chronic kidney disease(CKD) than the general population. Patients with CKD are known to have high bleeding tendency due to hemostasis instability and chronic inflammation, resulting in more acute kidney injury than the patients with normal kidney function. In this study, we compared the incidence of acute kidney injury(AKI) due to UGI bleeding and rebleeding rate according to renal function. In addition, we also investigated the relationship between neutrophil to lymphocyte ratio(NLR), which are representative inflammation markers, and UGI bleeding.

Methods:

We retrospectively enrolled patients who underwent UGI bleeding control from March 2016 to December 2018 at Gyeongsang National University of Changwon Hospital. A total of 210 patients with UGI bleeding were enrolled, 168 (80%) had normal kidney function, and the remaining 42(20%) were CKD patients. Of these, 155(73.8%) were males and 55(26.2%) females. Mean age was 66.49±0.99 years.

Results:

There was a statistically significant increase in acute renal failure in CKD patients group than in general population. (33(78.3%) vs. 29(17.3%), $p < 0.001$). The rebleeding rate was also significantly higher in patients with renal insufficiency group. (7(16.7%) vs. 9(5.4%), $p = 0.022$). However, the number of rebleeding was no significantly different between both group. (0.31±0.90 vs. 0.10±0.40, $p=0.149$)

The NLR was higher in the CKD group than normal kidney function group(5.46±2.88 vs. 4.07±2.67, $p=0.003$)

Conclusions:

In CKD patients with UGI bleeding, acute kidney injury is more frequent and rebleeding rate is also higher than the patients with normal kidney function. Chronic inflammation results in higher bleeding tendency than general population. The NLR is useful predictive marker for development of UGI bleeding.