

# **Peptic ulcer bleeding: Medical and surgical point of view. Results of a prospective interdisciplinary multicenter observational study.**

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Publication Date: 1992

## **Abstract:**

Various treatment policies and clinical disciplines compete for the treatment of bleeding peptic ulcer. In a prospective multicenter and interdisciplinary study performed during a 1-year period at ten hospitals in Dusseldorf, all patients admitted for peptic ulcer bleeding were recorded. The characteristics of patients admitted to surgical and to medical departments, the distribution of endoscopic treatment, indications for surgery, type of surgical procedures, and outcome were investigated. In the study period 387 bleeding peptic ulcers were recorded. Of these patients 82% were primarily admitted to medical and 18% to surgical departments. No differences in terms of severity of ulcer disease or bleeding activity were noted between the groups of medical and surgical patients. However, accompanying or underlying diseases were detected more often in patients admitted to medical departments. Endoscopy treatment was performed in the majority of patients with arterial spurting bleeding (88%) or a visible vessel (80%). Injection therapy with epinephrine or polidocanol was mainly used (78%). In 16% of cases the patients underwent operation; 44% of the patients primarily admitted to a surgical department were operated (medical departments, 10%). About half of the operated patients underwent emergency surgery; in the majority of cases resections were performed (gastric ulcer, 76%; duodenal ulcer, 56%). Overall mortality was 11%, with no difference between surgical and medical patients. A high mortality was observed in the subgroup of patients with late recurrent bleeding (27%). It is concluded that for optimal treatment of

peptic ulcer bleeding intensive cooperation between physicians and surgeons is necessary, and that agreed and evaluated treatment policies are needed.