

# GERİATRİ VE ALT GASTROİTESTİNAL SİSTEM KANAMALARI

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## GİRİŞ VE GENEL BİLGİLER

Alt gastrointestinal sistem (GİS) kanaması ince barsaklar kolon, rektum veya anüsü içine alan gastrodüedonal bileşke veya Treitz ligamanının distalindeki herhangi bir alandan kaynaklanan kanamalar olarak tanımlanır. Genellikle acil bir medikal durum olarak prezante olan ve geriatrik grubun en önemli klinik problemlerinden biridir. Üst GİS kanamalarına kıyasla daha nadir olup yıllar içinde yaşla birlikte görülme sıklığı artmaktadır ve özellikle erkeklerde daha sık görülür (1-3).

Alt GİS kanaması özellikle geriatrik yaş grubunda tüm dünyada önemli bir morbidite ve mortalite nedenidir. Günümüzde geriatrik nüfusun giderek arttığı göz önüne alındığında, alt GİS kaynaklı kanamaların önemi artmaktadır. Geriatrik grupta alt GİS kanamaları uzamış hastane yatışı ve artan tedavi maliyetleri nedeniyle günümüzde olduğu gibi gelecekte de önemli bir sağlık sorunu olmaya devam edecektir (4). Geriatrik grupta alt GİS'e ait kanama insidansındaki artışın nedenleri arasında yaşa özgü artan GİS hastalıkları, eklenen komorbid hastalıklar ve bunların getirdiği polifarmasi sayılabilir. Alt GİS kanamasına neden olan ve geriatrik grupta daha sık görülen

GİS'e ait hastalıklar arasında ilk sıralarda divertiküloz koli, vasküler ektazi, iskemik kolit ve kolonik neoplazmlar sayılabilir. Yaşın ilerlemesiyle daha sık görülen ve alt GİS kanama insidansında ve ciddiyetinde artışla ilişkili komorbid hastalıklar arasında ateroskleroz, kardiyopulmoner ve serebrovasküler hastalıklar, siroz, böbrek hastalığı, diyabetes mellitus ve maligniteler yer alır. Kanamaya eşlik eden yaşla ilişkili olarak artış gösteren bu sistemik hastalıkların varlığı geriatrik yaş grubunda mortaliteyi artıran en önemli faktörlerden biridir (4). Ayrıca geriatrik grupta alt GİS kanama riskini artıran polifarmasinin en önemli nedenleri arasında artan antikoagülan ve non-steroidal antiinflamatuar ilaç (NSAİİ)'lerin kullanımı sayılabilir (5).

Klinik pratikte alt GİS kanamalarının yaklaşık %80-85'i ileoçekal valfin distalinden kaynaklanırken sadece %0,7-9'u ince barsaktan kaynaklanır. %10-15'i ise üst GİS kaynaklı yoğun ve hızlı kanamaya sekonderdir (5, 6). Alt GİS kanama ile başvuran hastalarda en sık görülen klinik prezantasyon hematokezyadır. Ancak hastalarda akut aşikâr bir kanama olabileceği gibi sessiz bir kanama da görülebilir. Alt GİS kanaması olan geriatrik yaş grubundaki hastalarda zaman zaman hema-

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Kan bulaşı	1
<b>Tablo 1. Oakland Risk Skoru (DEVAMI)</b>	
<b>Değişkenler</b>	<b>Skor</b>
Kalp hızı /dk	
≤69	0
70-89	1
90-109	2
≥110	3
Sistolik kan basıncı, mm-Hg	
50-89	5
90-119	4
120-129	3
130-159	2
≥160	0
Hemoglobin konsantrasyonu, g/dL	
3.6-6.9	22
7.0-8.9	17
9.0-10.9	13
11.0-12.9	8
13.0-15.9	4
≥16.0	0

GIS: gastrointestinal sistem.

## KAYNAKLAR

- Longstreth GF. Epidemiology and outcome of patients hospitalized with acute lower gastrointestinal hemorrhage: a population-based study. *Am J Gastroenterol.* 1997;92(3):419-24.
- Gralnek IM, Neeman Z, Strate LL. Acute Lower Gastrointestinal Bleeding. *N Engl J Med.* 2017;376(23):e50.
- Gostout CJ. Gastrointestinal bleeding in the elderly patient. *Am J Gastroenterol.* 2000;95(3):590-5.
- Comay D, Marshall JK. Resource utilization for acute lower gastrointestinal hemorrhage: the Ontario GI bleed study. *Can J Gastroenterol.* 2002;16(10):677-82.
- Farrell JJ, Friedman LS. Gastrointestinal bleeding in older people. *Gastroenterol Clin North Am.* 2000;29(1):1-36, v.
- Jensen DM, Machicado GA. Diagnosis and treatment of severe hematochezia. The role of urgent colonoscopy after purge. *Gastroenterology.* 1988;95(6):1569-74.
- Akhtar AJ. Lower gastrointestinal bleeding in elderly patients. *J Am Med Dir Assoc.* 2003;4(6):320-2.
- Hreinsson JP, Gumundsson S, Kalaitzakis E, Björnsson ES. Lower gastrointestinal bleeding: incidence, etiology, and outcomes in a population-based setting. *Eur J Gastroenterol Hepatol.* 2013;25(1):37-43.
- Hreinsson JP, S AE, Björnsson ES. Acute lower gastrointestinal bleeding: A population-based five-year follow-up study. *United European Gastroenterol J.* 2019;7(10):1330-6.
- Adegboyega T, Rivadeneira D. Lower GI bleeding: an update on incidences and causes. *Clinics in Colon and Rectal Surgery.* 2020;33(01):028-34.
- Browder W, Cerise EJ, Litwin MS. Impact of emergency angiography in massive lower gastrointestinal bleeding. *Ann Surg.* 1986;204(5):530-6.
- Kaplan RC, Heckbert SR, Koepsell TD, Furberg CD, Polak JF, Schoen RE, et al. Risk factors for hospitalized gastrointestinal bleeding among older persons. *Journal of the American Geriatrics Society.* 2001;49(2):126-33.
- Rockey DC. Lower gastrointestinal bleeding. *Gastroenterology.* 2006;130(1):165-71.
- Rhee JC, Lee KT. The causes and management of lower GI bleeding: a study based on clinical observations at Hanyang University Hospital. *Gastroenterol Jpn.* 1991;26 Suppl 3:101-6.
- Rios A, Montoya MJ, Rodriguez JM, Serrano A, Molina J, Parrilla P. Acute lower gastrointestinal hemorrhages in geriatric patients. *Dig Dis Sci.* 2005;50(5):898-904.
- Munie ST, Nalamati SPM. Epidemiology and Pathophysiology of Diverticular Disease. *Clin Colon Rectal Surg.* 2018;31(4):209-13.
- McGuire HH, Jr. Bleeding colonic diverticula. A reappraisal of natural history and management. *Ann Surg.* 1994;220(5):653-6.
- Geyer, Stamenic, Bühler, Bertschinger. Epidemiologie gastrointestinaler Blutungen bei älteren Patienten. *Praxis.* 2006;95(19):757-65.
- Aytac E, Stocchi L, Gorgun E, Ozuner G. Risk of recurrence and long-term outcomes after colonic diverticular bleeding. *Int J Colorectal Dis.* 2014;29(3):373-8.
- Wilcox CM, Alexander LN, Cotsonis GA, Clark WS. Nonsteroidal antiinflammatory drugs are associated with both upper and lower gastrointestinal bleeding. *Digestive diseases and sciences.* 1997;42:990-7.
- Suzuki K, Uchiyama S, Imajyo K, Tomeno W, Sakai E, Yamada E, et al. Risk factors for colonic diverticular hemorrhage: Japanese multicenter study. *Digestion.* 2012;85(4):261-5.
- Tanaka Y, Motomura Y, Akahoshi K, Iwao R, Komori K, Nakama N, et al. Predictive factors for colonic diverticular rebleeding: a retrospective analysis of the clinical and colonoscopic features of 111 patients. *Gut Liver.* 2012;6(3):334-8.
- Kinjo K, Matsui T, Hisabe T, Ishihara H, Kojima T, Chuman K, et al. Risk factors for severity of colonic diverticular hemorrhage. *Intest Res.* 2018;16(3):458-66.
- Stollman N, Raskin JB. Diverticular disease of the colon. *Lancet.* 2004;363(9409):631-9.
- Wong S-K, Ho Y-H, Leong AP, Seow-Choen F. Clinical behavior of complicated right-sided and left-sided diverticulosis. *Diseases of the colon & rectum.* 1997;40:344-8.
- Bounds BC, Kelsey PB. Lower gastrointestinal bleeding. *Gastrointest Endosc Clin N Am.* 2007;17(2):273-88, vi.
- Boley SJ, Sprayregen S, Sammartano RJ, Adams A, Kleinhans S. The pathophysiologic basis for the angiographic signs of vascular ectasias of the colon. *Radiology.*

- 1977;125(3):615-21.
28. Reinus JF, Brandt LJ. Vascular ectasias and diverticulosis. Common causes of lower intestinal bleeding. *Gastroenterol Clin North Am.* 1994;23(1):1-20.
  29. Triadafilopoulos G. Management of lower gastrointestinal bleeding in older adults. *Drugs Aging.* 2012;29(9):707-15.
  30. Cengiz C. OD. Gastrointestinal Hemorrhage And Its Management In Geriatric Age Group. *Türk Geriatri Dergisi.* 2019;222 (2):122-31.
  31. Chavalitdhamrong D, Jensen DM, Kovacs TO, Dulai G, Ohning G, Machicado GA. Ischemic colitis as a cause of severe hematochezia: risk factors and outcomes compared with other colon diagnoses. *Gastrointestinal endoscopy.* 2011;74(4):852-7.
  32. Lew JF, Glass RI, Gangarosa RE, Cohen IP, Bern C, Moe CL. Diarrheal deaths in the United States, 1979 through 1987: a special problem for the elderly. *Jama.* 1991;265(24):3280-4.
  33. Tagkalidis PP, Tjandra JJ. Chronic radiation proctitis. *ANZ journal of surgery.* 2001;71(4):230-7.
  34. Qadeer MA, Vargo JJ. Approaches to the prevention and management of radiation colitis. *Current gastroenterology reports.* 2008;10(5):507-13.
  35. Boley SJ, DiBiase A, Brandt LJ, Sammartano RJ. Lower intestinal bleeding in the elderly. *The American Journal of Surgery.* 1979;137(1):57-64.
  36. Kim HS, Kim TI, Kim WH, Kim Y-H, Kim HJ, Yang S-K, et al. Risk Factors for Immediate Postpolypectomy Bleeding of the Colon: A Multicenter Study: *CME. Official journal of the American College of Gastroenterology | ACG.* 2006;101(6):1333-41.
  37. Tseng C-A, Chen L-T, Tsai K-B, Su Y-C, Wu D-C, Jan C-M, et al. Acute hemorrhagic rectal ulcer syndrome: a new clinical entity? Report of 19 cases and review of the literature. *Diseases of the colon & rectum.* 2004;47:895-905.
  38. Zanetti M, Veronese N, Riso S, Boccardi V, Bolli C, Cintoni M, et al. Polypharmacy and malnutrition in older people: A narrative review. *Nutrition.* 2023;115:112134.
  39. Barkun AN, Bardou M, Kuipers EJ, Sung J, Hunt RH, Martel M, et al. International consensus recommendations on the management of patients with nonvariceal upper gastrointestinal bleeding. *Annals of internal medicine.* 2010;152(2):101-13.
  40. Barnert J, Messmann H. Diagnosis and management of lower gastrointestinal bleeding. *Nature Reviews Gastroenterology & Hepatology.* 2009;6(11):637-46.
  41. Triantafyllou K, Gkolfakis P, Gralnek IM, Oakland K, Manes G, Radaelli F, et al. Diagnosis and management of acute lower gastrointestinal bleeding: European Society of Gastrointestinal Endoscopy (ESGE) Guideline. *Endoscopy.* 2021;53(8):850-68.
  42. Baradarian R, Ramdhaney S, Chapalamadugu R, Skoczylas L, Wang K, Rivilis S, et al. Early intensive resuscitation of patients with upper gastrointestinal bleeding decreases mortality. *Official journal of the American College of Gastroenterology | ACG.* 2004;99(4):619-22.
  43. Strate LL, Syngal S. Predictors of utilization of early colonoscopy vs. radiography for severe lower intestinal bleeding. *Gastrointestinal endoscopy.* 2005;61(1):46-52.
  44. Oakland K, Chadwick G, East JE, Guy R, Humphries A, Jairath V, et al. Diagnosis and management of acute lower gastrointestinal bleeding: guidelines from the British Society of Gastroenterology. *Gut.* 2019;68(5):776-89.
  45. Blatchford O, Murray WR, Blatchford M. A risk score to predict need for treatment for uppergastrointestinal haemorrhage. *The Lancet.* 2000;356(9238):1318-21.
  46. Oakland K, Jairath V, Uberoi R, Guy R, Ayaru L, Mortensen N, et al. Derivation and validation of a novel risk score for safe discharge after acute lower gastrointestinal bleeding: a modelling study. *The Lancet Gastroenterology & Hepatology.* 2017;2(9):635-43.
  47. Strate LL, Gralnek IM. Management of patients with acute lower gastrointestinal bleeding. *The American journal of gastroenterology.* 2016;111(4):459.
  48. Mueller MM, Van Remoortel H, Meybohm P, Aranko K, Aubron C, Burger R, et al. Patient blood management: recommendations from the 2018 Frankfurt Consensus Conference. *Jama.* 2019;321(10):983-97.
  49. Oakland K, Guy R, Uberoi R, Hogg R, Mortensen N, Murphy MF, et al. Acute lower GI bleeding in the UK: patient characteristics, interventions and outcomes in the first nationwide audit. *Gut.* 2018;67(4):654-62.
  50. Akhtar AJ. Lower gastrointestinal hemorrhage in African-American and Hispanic elderly patients. *Ethnicity & Disease.* 2002;12(3):379-82.
  51. Bloomfeld RS, Rockey DC, Shetzline MA. Endoscopic therapy of acute diverticular hemorrhage. *The American Journal of Gastroenterology.* 2000;95(9):2527.
  52. Olmos JA, Marcolongo M, Pogorelsky V, Herrera L, Tobal F, Dávalos JR. Long-term outcome of argon plasma ablation therapy for bleeding in 100 consecutive patients with colonic angiodysplasia. *Diseases of the colon & rectum.* 2006;49:1507-16.
  53. Triantafyllou K, Gkolfakis P, Gralnek IM, Oakland K, Manes G, Radaelli F, et al. Diagnosis and management of acute lower gastrointestinal bleeding: European Society of Gastrointestinal Endoscopy (ESGE) Guideline. *Endoscopy.* 2021;53(8):850-68.