

OBSCURE GASTRINTESTINAL BLEEDING

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Obscure Gastrointestinal Bleeding is one of the most challenging disorders faced in gastrointestinal practice. Obscure gastrointestinal bleeding is defined as bleeding from the gastrointestinal tract that persists or recurs after a negative initial evaluation using gastroscopy, colonoscopy and radiological imaging. The underlying etiology can be found on initial evaluation in 10–20% of cases. Recurrent or persistent bleeding occurs in approximately half of OGIB patients (5%). OGIB is be classified as overt or occult bleeding. Overt OGIB is clinically bleeding that recurs or persists after a negative initial endoscopy, colonoscopy and radiological evaluation. Where as occult OGIB is defined as iron deficiency anaemia with or without a positive fecal occult blood test. The main reason for a negative initial evaluation because of intermittent bleeding, The patient may present anaemia, dehydration. The common etiologies of OGIB are carcinoid, GIST, adenocarcinoma, lymphoma, ampullary adenoma. Clinical presentation include ,nature of bleeding (eg. hematemesis, hematochezia or melaena) ,bleeding diathesis, medication use, comorbidities (eg. valvular heart disease, vasculitis). High miss rate include for lesions in initial endoscopic evaluation with standard esophagogastroduodenoscopy (EGD) and colonoscopy. The mainstay in the management of these patients has ,traditionally the use of invasive procedures such as intra-operative enteroscopy. The introduction of video-capsule endoscopy (CE), Balloon-assisted enteroscopy (BAE). The introduction of video capsule endoscopy, balloon-assisted enteroscopy, spiral enteroscopy and computed tomography enterography (CTE) have largely replaced invasive surgical procedures, that can change in the approach to diagnosis and management of OGIB.

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