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## ON EXAMINATION

- VITALS
- Pulse = Thready, BP = Orthostatic Hypotension
- SKIN changes
  - Cirrhosis – Palmer- erythema, spider angioma
  - Bleeding diathesis – Purpura /Echymosis
  - Coagulation Disorder – Haemarthrosis, Muscle Hematoma
- ENT :- Look for clots (To rule out epistaxis P.N BLEED)
- P/A :-
  - Liver , Spleen, Caput Medusa = Cirrhosis
  - Epigastric Tenderness = APD/ Ulcer
- Respiratory, CVS, CNS → For comorbid diseases

**NASOGASTRIC LAVAGE**

- If gastric aspirate either is grossly bloody or pinkish coffee ground effluent should be studied to gauge the stomach before proceeding to diagnostic or therapeutic endoscopy.
- The presence of bloody gastric aspirate confirms UGI bleed.
- A negative aspirate (pH) does not exclude an upper bleeding, but a single instance of dark red color in absence of duodenogastric reflux aspirate is clear.

## PORTAL GASTROPATHY

- On endoscopic examination mucosa is engorged and friable.
- Portal hypertensive gastropathy (PHG) is caused by increased portal venous pressure and severe mucosal hyperemia that results in ectatic blood vessels in the proximal gastric body and cardia and oozing of blood.
- Less severe grades of PHG appear as a mosaic or snake skin appearance and are not associated with bleeding.
- Watermelon stomach.

Sleisenger and Fordtran's Gastrointestinal and Liver Disease Ninth Edition



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