

# Differential Diagnosis of Bleeding to body cavities

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# Bleeding to body cavities

- **GIT**
- **Peritoneal cavity**
- **Pleural cavity**
- **Lungs (+ airways)**
- **Urinary system**



# Bleeding to body cavities

Massive – severe – live threatening

20% of all bleeding

Lost 500 ml asymptomatic

1000 ml tachycardia, hypotension, nausea,  
thirst

> 2000 ml posthemorrhagic shock

HGB < 8g/dl

BP syst < 100 mm Hg

P > 100/min

> 2 transfusion units for stabilisation



# GIT bleeding

- **Upper GI** – peptic ulcer, bulbitis, hemoragic gastropathy, esophageal varices, tumors, Mallory-Weiss syndrome.
- **Small intestine** – Meckel diverticulum, intususception, Crohn disease, mesenterial thrombosis, angio-dysplasia.
- **Large intestine** – hemorrhoids, tumors, colitis, diverticular disease, angio-dysplasia.



# Bleeding to GIT- manifestation

- **Hematemesis** – Vomiting blood, which may be red or coffee-ground in appearance (*esophagus, stomach, duodenum*)
- **Melena** – Black, tarry stool with a strong offensive odor – the source orally from caecum (*esophagus, stomach, duodenum, jejunum*)
- **Enterorrhagy** – usually from large intestine, could be from upper GIT !!!



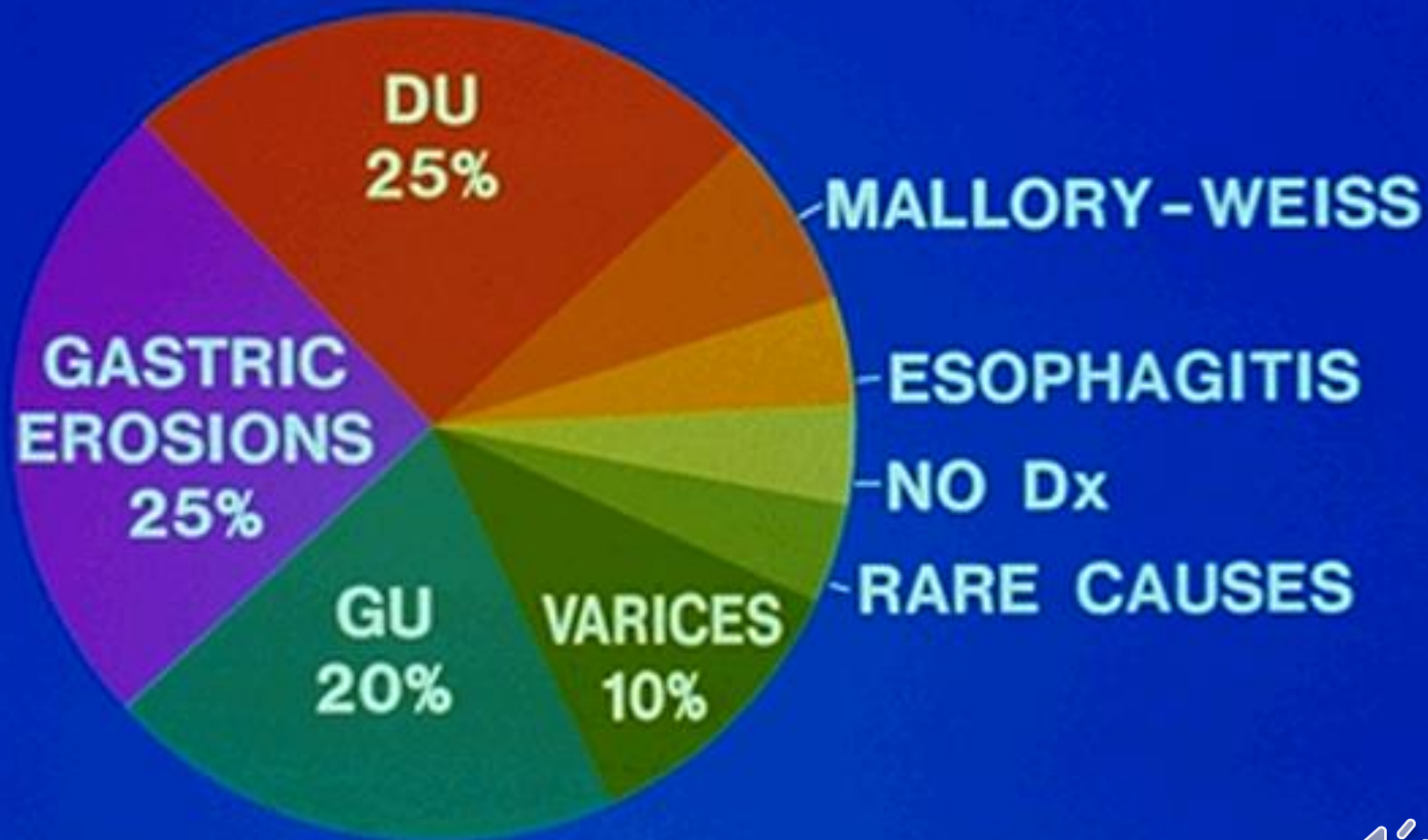
# Bleeding to body cavities

## Physical examination

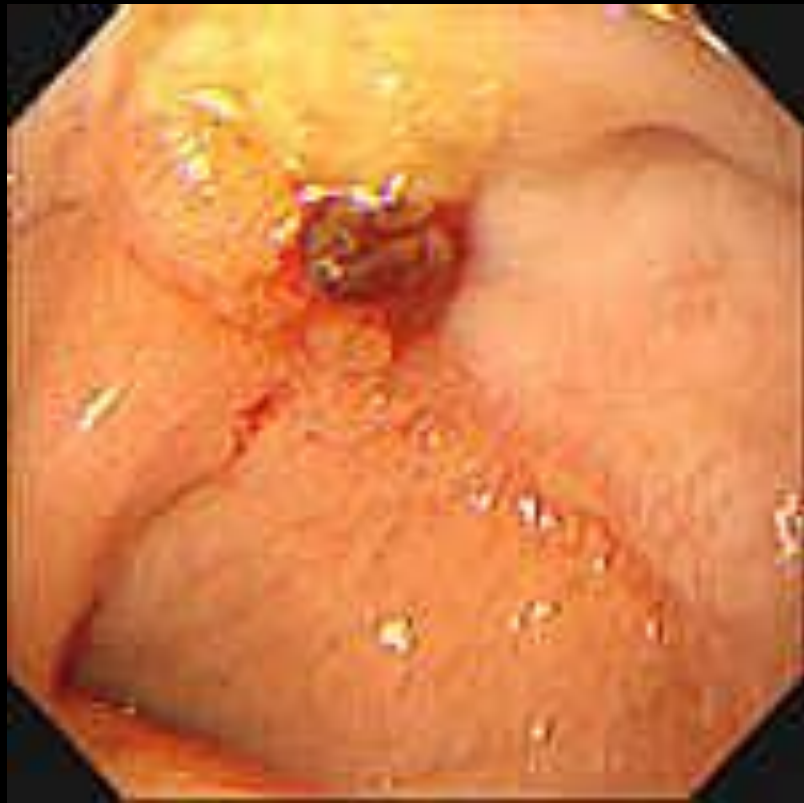
- Colour and temperature of skin
- Pigmentation, spider naevi
- Palmar erytema
- HR, BP, ortostasis
- Examination per rectum



# UGI Bleeding ETIOLOGY













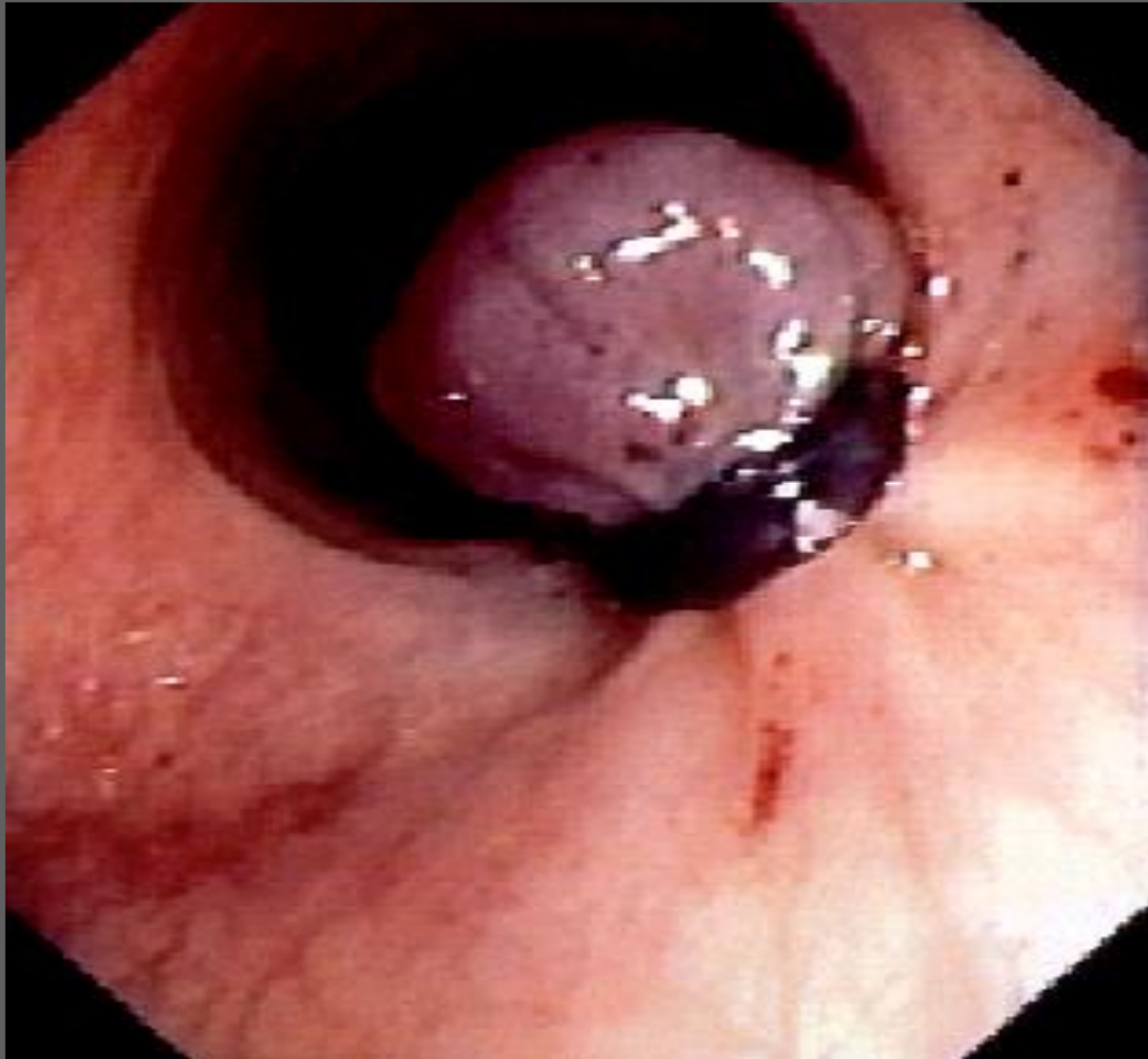


## ACUTE VARICEAL BLEEDING

# Endoscopic Ligation

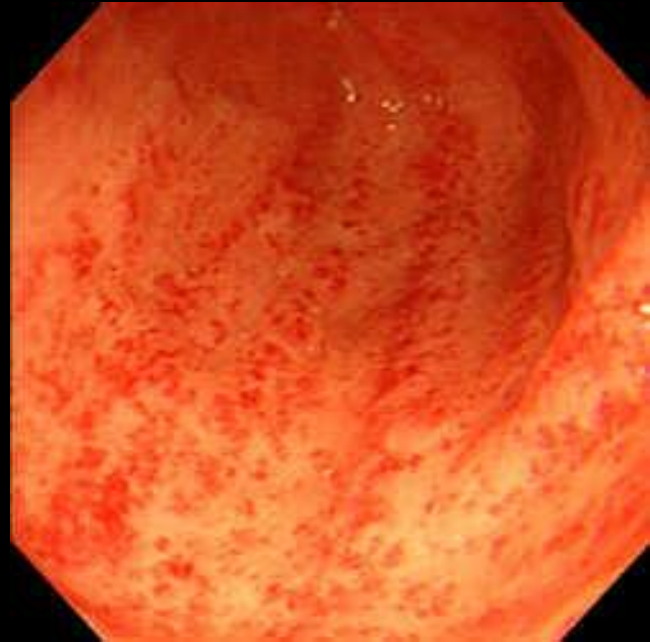
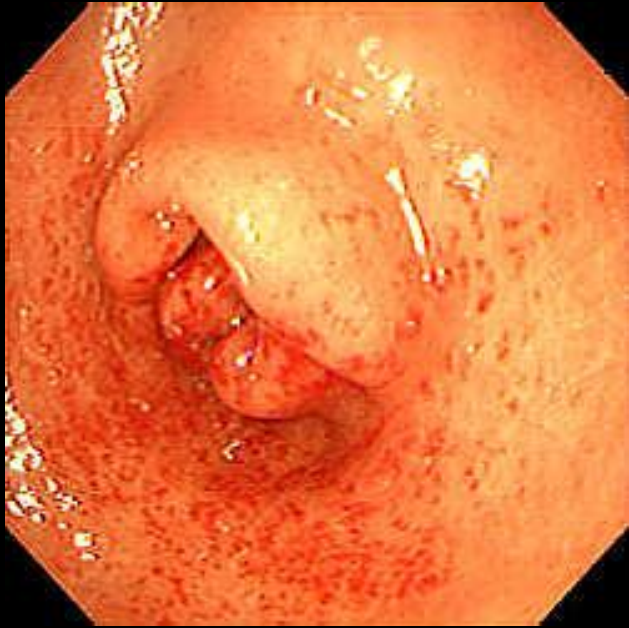
- Bleeding controlled in 90%
- Rebleeding rate reduced to 30%
- Compared with sclerotherapy:
  - less rebleeding
  - lower mortality
  - less complications
  - fewer treatment sessions











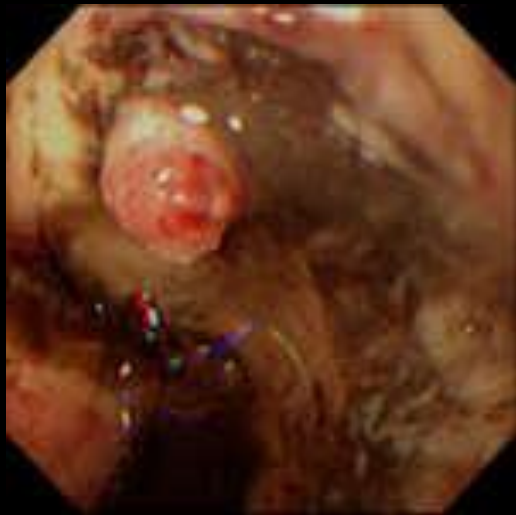


# Forrest classification

1.



2.



# CAUSES OF HEMOBILIA

## Liver 58%

- Trauma
- Biopsy
- Instrumentation
- Aneurysms
- Tumor

## Gallbladder 20%

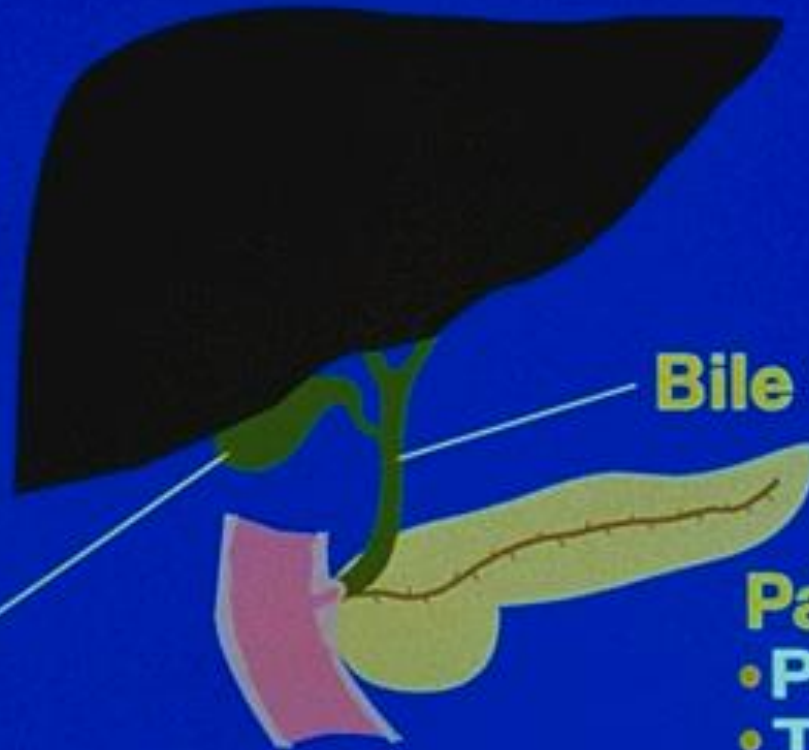
- Stones
- Tumor

## Bile Ducts 20%

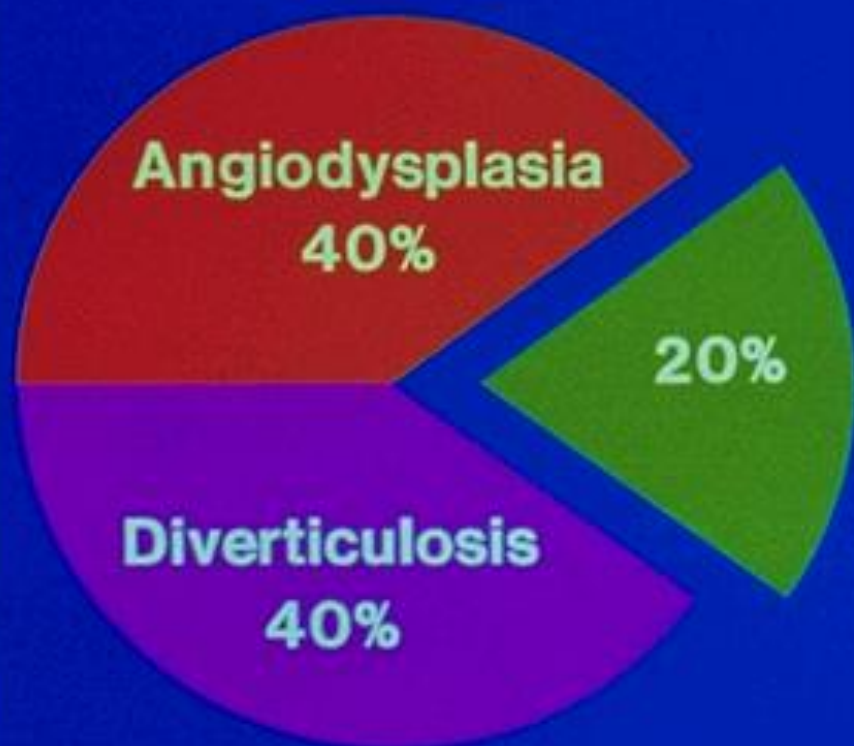
- Tumor

## Pancreas 2%

- Pancreatitis
- Tumor
- Aneurysm
- Parasites



# Major Lower GI Bleeding ETIOLOGY

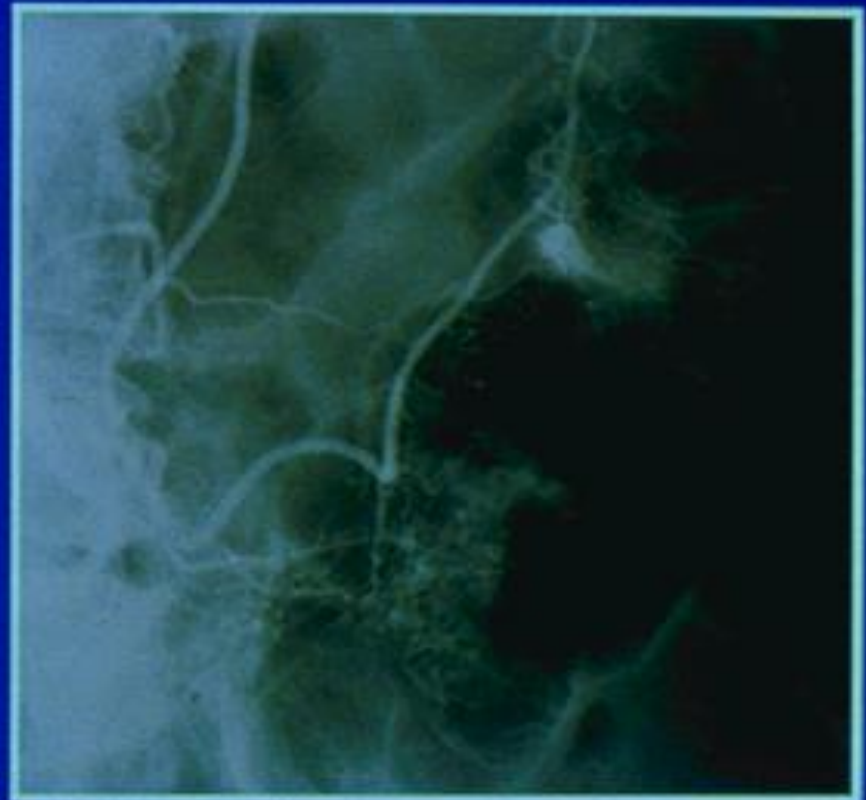
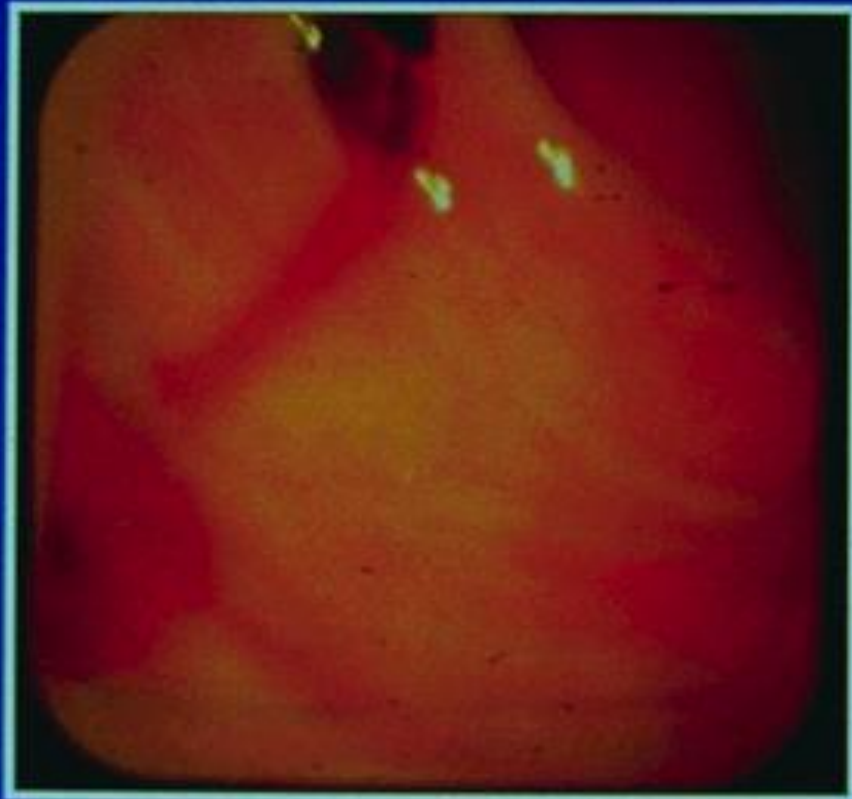


- Neoplasms
- Ischemia
- Colitis
- Ileal & colonic varices
- Meckel's diverticulum
- Hemorrhoids

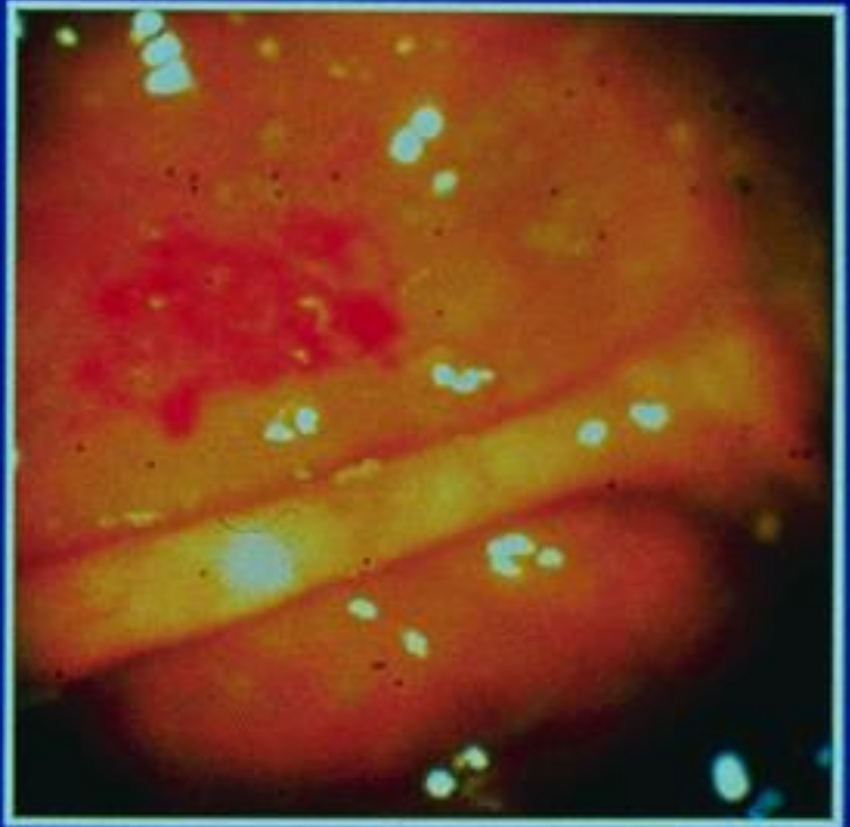
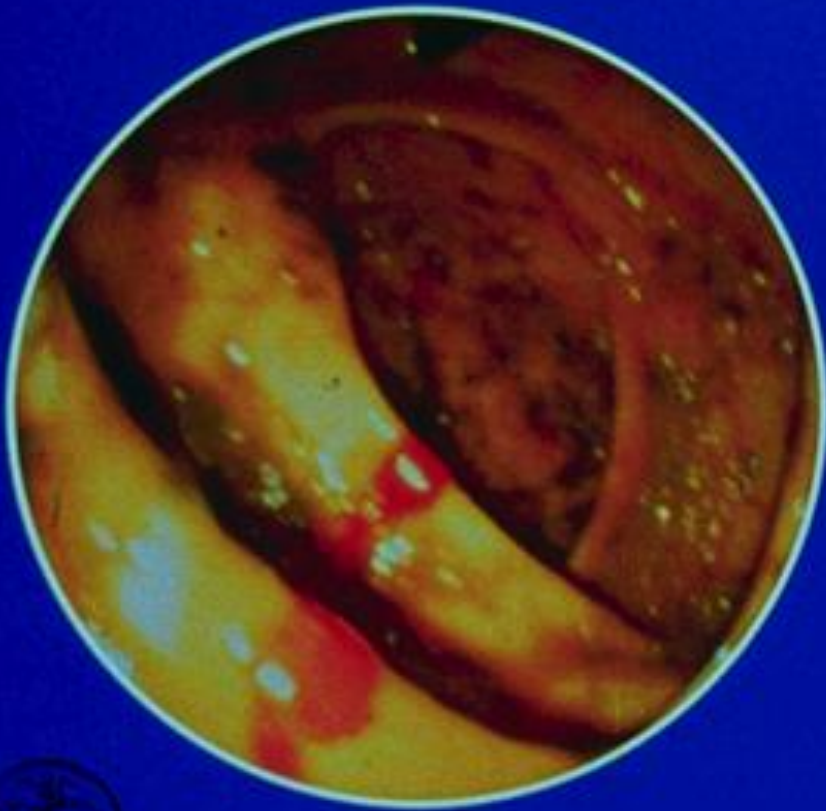


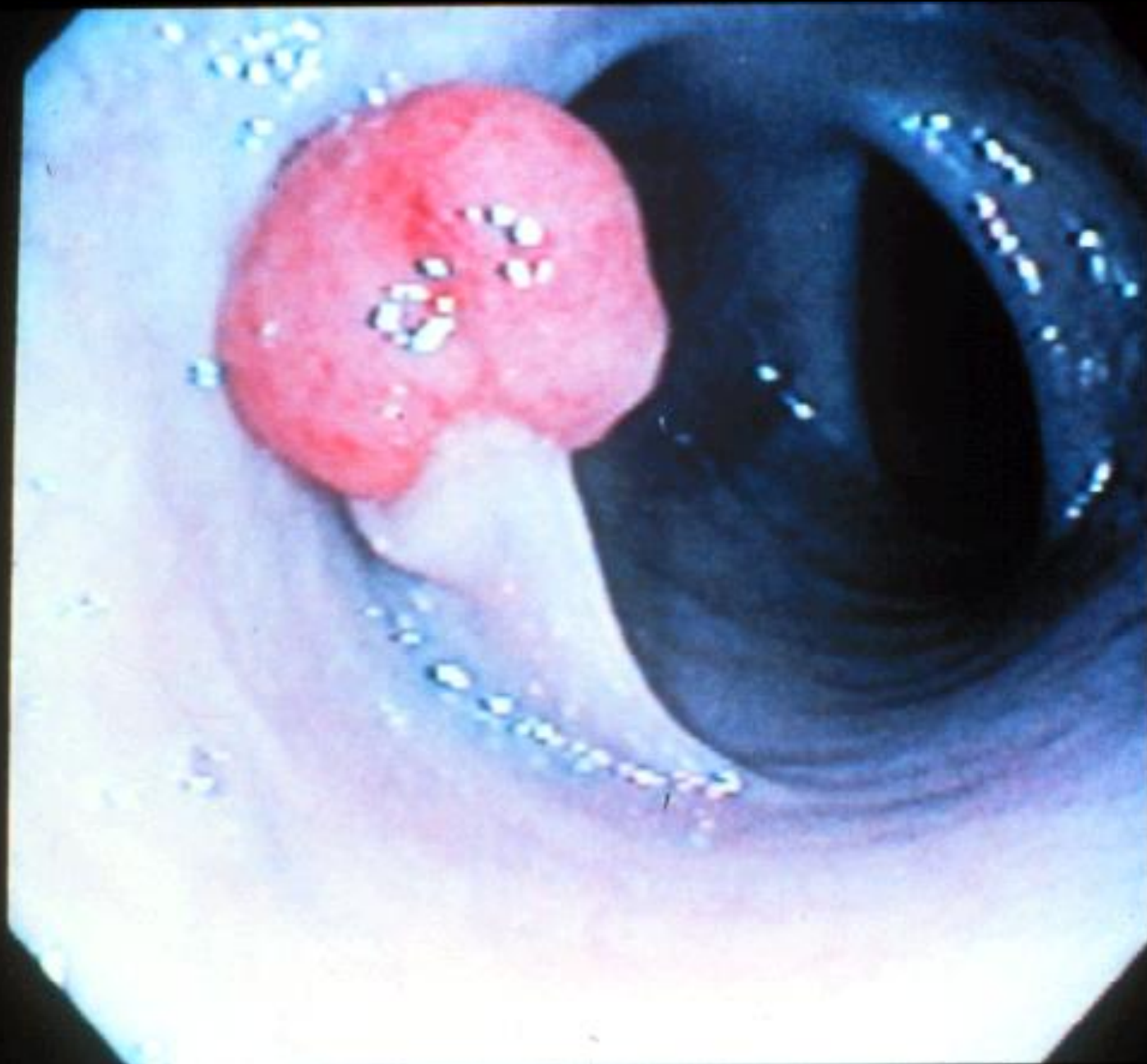


# BLEEDING DIVERTICULUM

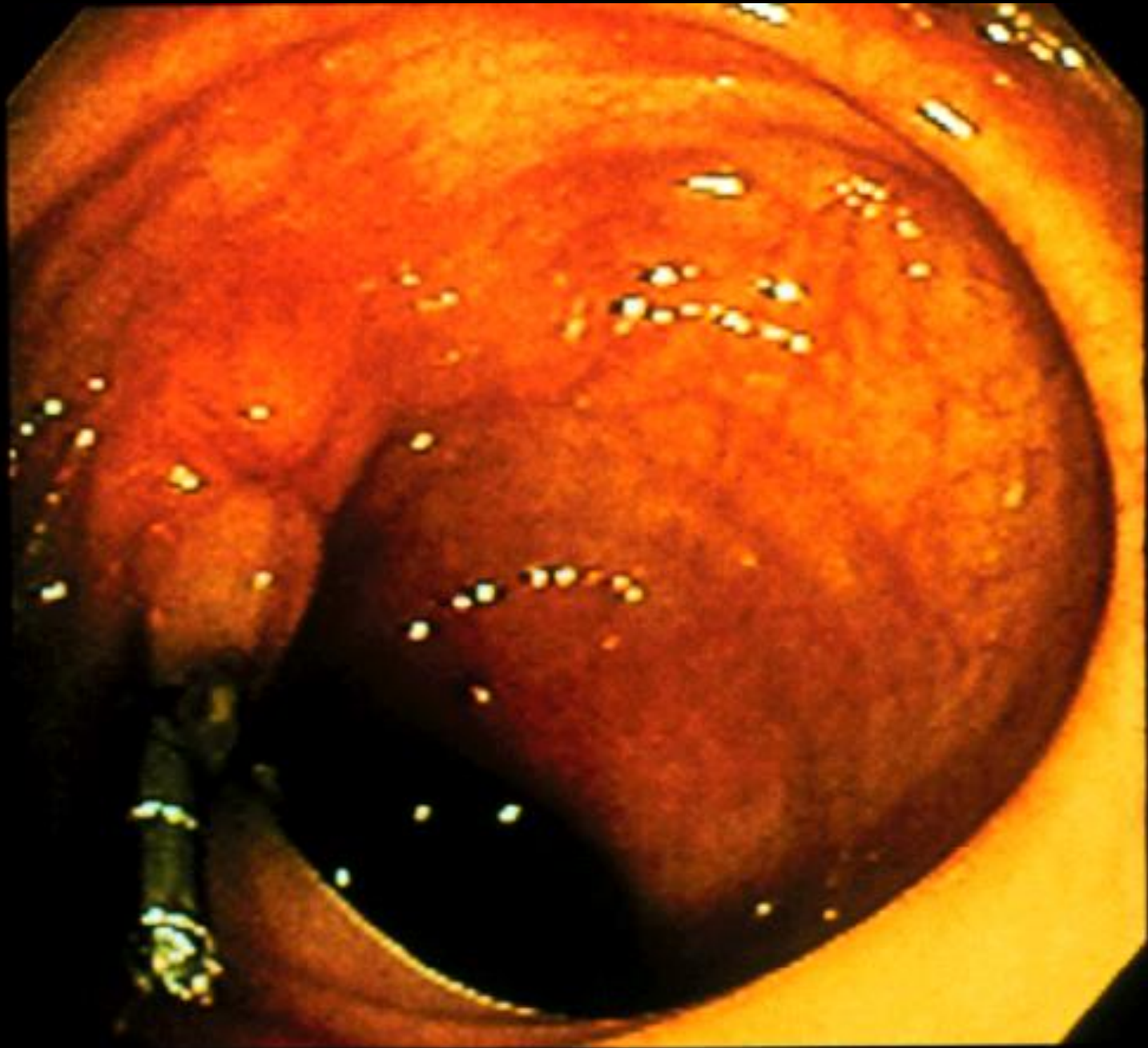


# COLONIC ARTERIOVENOUS MALFORMATIONS





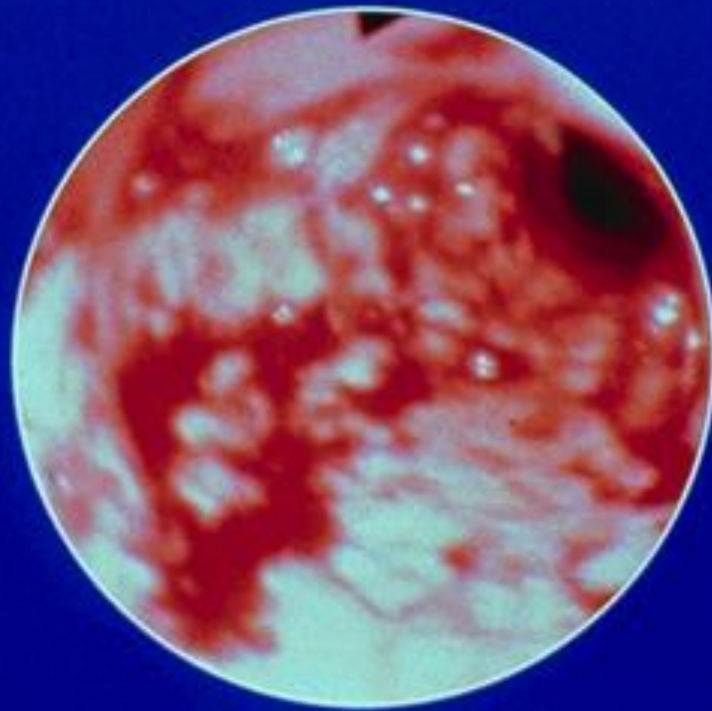






# Intestinal Complications Of Ulcerative Colitis

## **BLEEDING**



# ENTEROCLYSIS



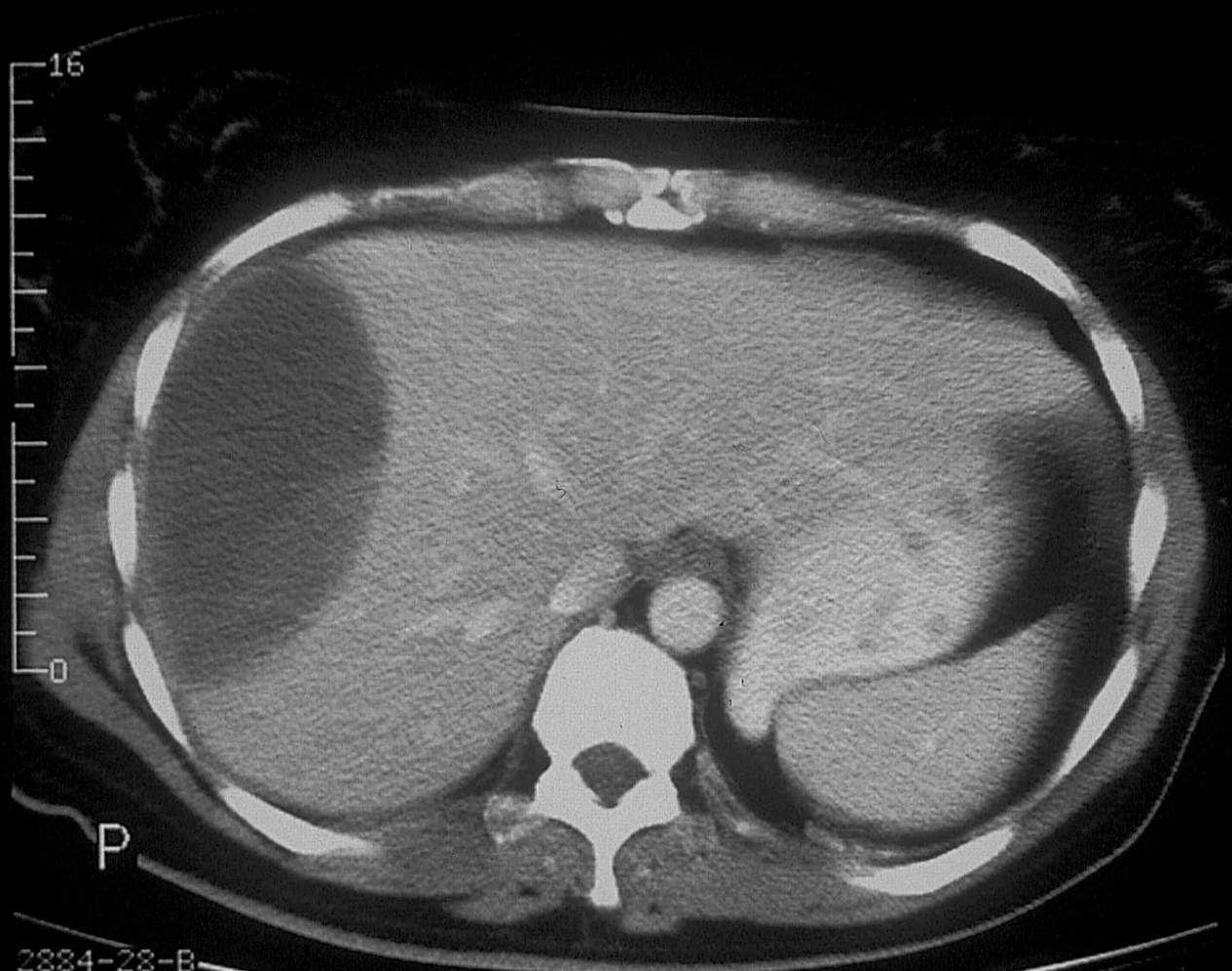
- **CT (MR)**  
**enterography**
- **Enteroscopy**
- **Capsule**  
**endoscopy**



# Bleeding to peritoneal cavity

- **Iatrogenic** (biopsy, puncture of ascites, drainage)
- Tumours (HCC, ovary, meta)
- TBC
- rare – acute pancreatitis, aneurysm, spontaneous





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# Bleeding to pleural cavity

## x hemoragic effusion

- iatrogenic (central vein catheterisation, effusion puncture, liver puncture)
- Tumours
- Bronchiectasy
- Vessel malformation



# Bleeding to air ways

- **Pneumonia**
- **Embolism**
- **TBC**
- **Lung tumours**
- **Bronchiectasy**
- **Origin in ORL region**





# Thank you

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**MS Teams** (*Internal Medicine - Gastroenterology 20/21 B80304*)

**Moodle** (<https://dl1.cuni.cz/course/view.php?id=9939>)

<https://int4.lf1.cuni.cz>

