

GI bleeding

MCQs

- A 43-year-old man presents with diarrhoea and rectal bleeding for the past ten days. On examination he has brown pigmented lesions on his lips and palms but abdominal and rectal examination is unremarkable. What is the most likely cause for this presentation? Select one:
 - Intussusception
 - Angiodysplasia ?
 - Meckel's Diverticulum
 - Colon cancer**
 - Diverticular abscess
- An otherwise healthy 75-year-old man presents with severe hematochezia and moderate abdominal pain since this morning. On examination, his blood pressure is 120/78 and pulse is 100 while lying; when standing, the blood pressure is 110/76 and pulse is 136. His Hb is 12. What is the most likely cause of bleeding?
 - Diverticular bleed**
 - Duodenal ulcer
 - inflammatory bowel disease
 - Esophageal varices
 - Mallory-Weiss tear
- Each of the following are risk factors for colon cancer except?
 - Low fiber diet
 - Severe diverticular disease**
 - Familial adenomatous polyposis
 - Ulcerative colitis
 - High fat diet
- Commonest cause of GI bleeding in the following?
 - GI cancer
 - esophagitis
 - Dieulafoy's lesion
 - Mallory Weiss tears
 - Esophageal varices
- The commonest cause of upper GI bleeding among the causes listed below is: Select one:
 - Vascular ectasia
 - Mallory-Weiss tear
 - Gastric adenocarcinoma
 - Zollinger-Ellison syndrome
 - Esophageal varices**

- Which of the following is not a cause of GI bleeding ?

- a. Esophageal varices
- b. Use of NSAIDs
- c. H pylori related erosive gastritis
- d. Gastric malignancy
- e. **Celiac disease**

- A 45 Y/O man with Hx of alcohol excess is diagnosed as having grade 3 esophageal varices, during an outpatient endoscopy. Of the following options, what is the most appropriate management to prevent variceal bleeding?

- a) **Propranolol**
- b) Isosorbide mononitrate
- c) Endoscopic sclerotherapy
- d) Terlipressin
- e) Lansoprazole

- All of the following are initial management strategies in patients with upper GI bleeding, except:

- a. Somatostatitn
- b. **Bleeding scan**
- c. Esophagogastroduendoscocyp
- d. Acid suppressing medicaiton
- e. Gastric lavage

- Does not used in long term control of bleeding?

- A. Non selective B antagonist
- B. TIPS
- C. Banding
- D. Sclerotherapy ?

- Non variceal upper GI bleeding management :

Beta adreno antagonist

Terlipressin

PPI ?

- Patient who have GI bleeding. he is alert and conscious then pale and looks unwell . Whats the fist step in the management ??

-normal saline

-packed RBCs

-urgent endoscopy

-blood trasnfuion with blood group o

- a case of massive upper gi bleeding and the vitals are unstable, which of the following is not indicated at this point?

Transfusion of O negative blood

- 34-year-old female with a history of alcoholic liver disease is admitted with frank haematemesis She was discharged three months ago following treatment for bleeding oesophageal varices. Following resuscitation, what is the most appropriate treatment whilst awaiting endoscopy? Select one:

a. Octreotide

b. Omeprazole

c. Propranolol

d. Tranexamic acid

e. Terlipressin

Active bleeding , before endoscopy

- False about risk of rebleeding?

A. Advanced age

B. HR 130 and BP 80/50

C. Absence of liver disease sign

D. Comorbidity

E. Endoscopic diagnosis reveal bleeding

- All about bleeding correct except?

Answer: All patient with cirrhosis will develop variceal bleeding

- not risk factor of poor prognosis gi bleeding :

onset of bleeding during hospitlization ?????!!! (not sure)

Explanation: Approximately 90% of patients with cirrhosis will develop gastroesophageal varices, over 10 years, but only one third of these will bleed from them

- Which one of cases of UGIB associated with the worst outcome :

75 male with liver cirrhosis and variceal bleeding

- Wrong about management of upper GI bleeding:
 - a. Ligation and sclerotherapy is more effective than medical therapy
 - b. Most bleeding stop temporarily
 - c. Somatostatins and terlipressin reduce portal pressure
 - d. Ballon tamponade after upper GI Endoscopy ?

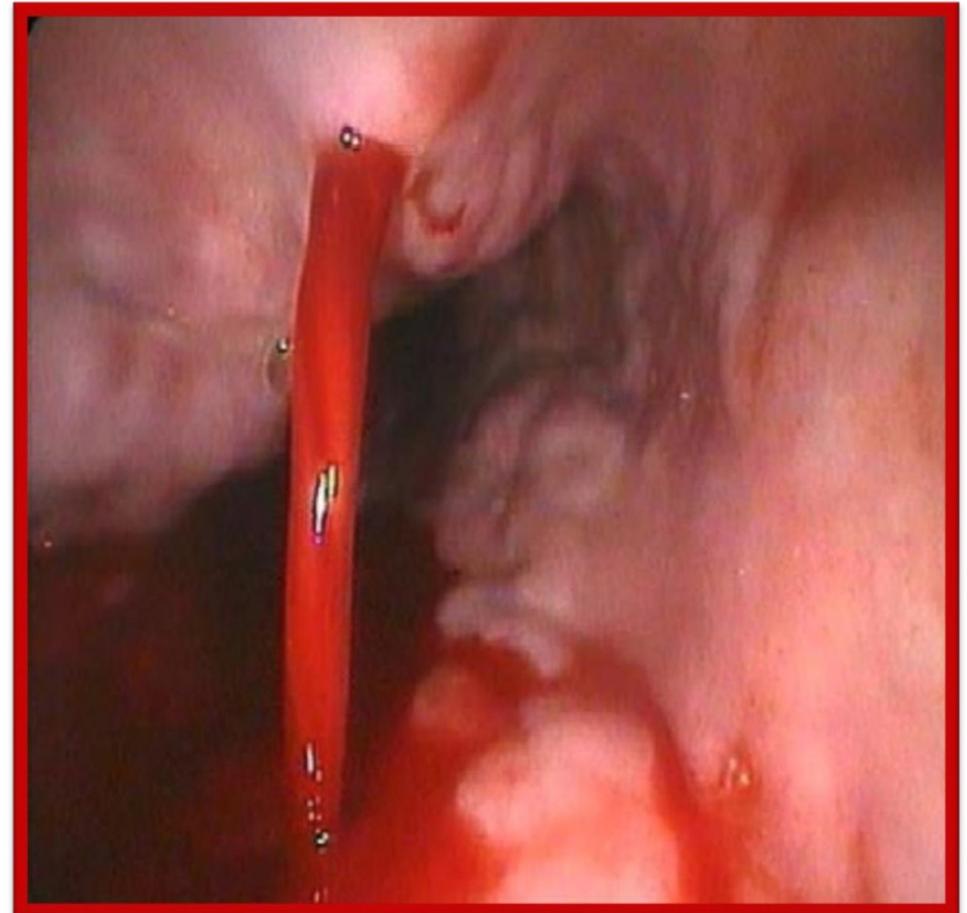
- A 32-year-old alcoholic with shock due to bleeding oesophageal varices. After resuscitation. Which ONE of the following is the treatment of choice.
 - a- intravenous octreotide.
 - b- intravenous glypressin
 - c- oesophageal variceal endoscopy ligation**
 - d- Transjugulartranshepatic portocaval shunt (TIPS)
 - e- oesophageal variceal sclerotherapy ??

- Upper GI bleeding secondary to Dieulafoy is characterized by all of the following except :
 - A. Presents as massive and recurrent bleeding
 - B. Extramural artery present in the Submucosa.
 - C. Most commonly in the gastric fundus**
 - D. Easily diagnosed and treated by endoscopy ?
 - E. High mortality

Mini-OSCE

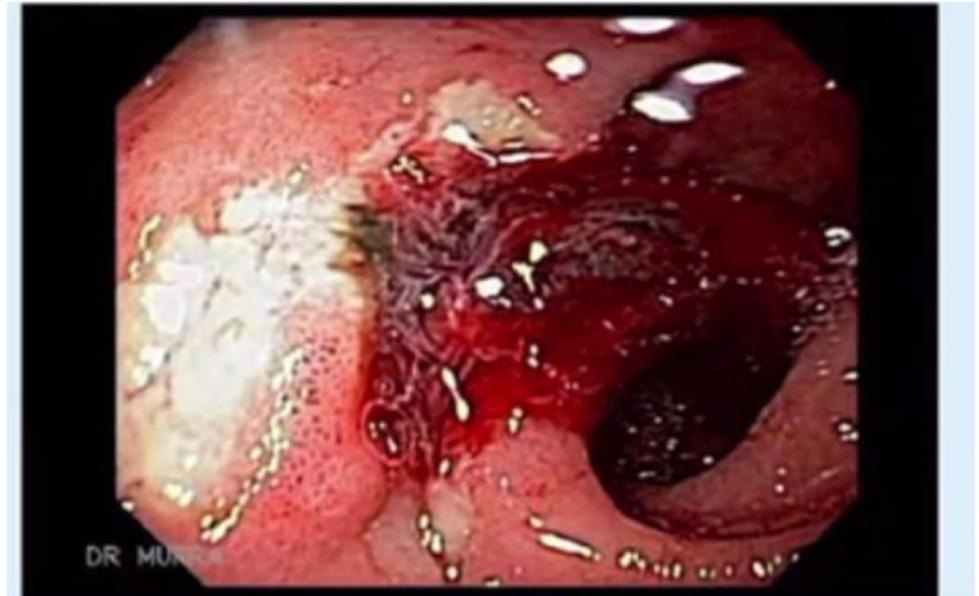
Q14 : hepatic patient suffer from massive hematemesis , the picture below by endoscopy , what's the most relevant cause ?

- Gastric ulcer
- Mallory weiss tear
- **Esophageal varices**
- Gastritis



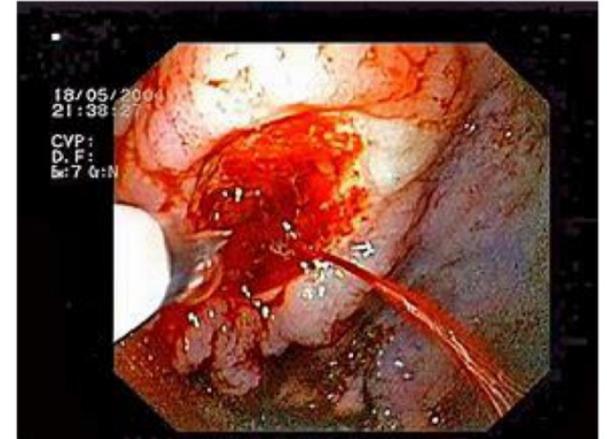
7-A 34 year old male is admitted through the emergency department because Of melena . Upon upper GI endoscopy , this finding is seen in the first part of the duodenum . What is the best treatment to be applied at this moment ?

- a. IV PPI,s infusion
- b. Blood transfusion
- c. Endoscopic injection with epinephrine
metallic clip application**
- d. Endoscopic band ligation
- e. Endoscopic sclerotherapy with tetracycline



a case of bleeding peptic ulcer , with presentation (cant remember)
+ hg 10 g/dl , which of these isnt indicated

- 1- IV ppi
- 2- thermal coagulation
- 3- **blood transfusion**
- 4- metallic clips
- 5- epinephrine injection



what advice you give to the patient after discharge from the hospital

(the 4 other choices are false (cant remember))

test for h pylori and eradication treatment if present

GIT SECTIONS

Q1: Regarding this Upper GI endoscopy , active antral bleeding , all of the following initial to do , EXCEPT ? Then please mention the most common cause for this lesion

- A. IV PPI
- B. Thermal therapy
- C. Mechanical Clips
- D. Adrenaline Injection

E. Surgery

*** H Pylori infection is the most common cause**





Q2) you did an endoscopy to a patient complaining of abdominal pain ,hematemesis and melena . the image above is what you saw during the endoscopy .

- Describe what you saw ?

a)Oozing blood from vein

b)Spruting blood from an artery

- What is not important in the management of this patient ?

a) IV corticosteroids

b) endoscopic clipping

c) IV adrenalin

d) thermal coagulation