



## A Case of an Acute GI Bleeding: Following the Clues

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### Keywords

Esophageal varices; Cirrhosis; Gastroesophageal bleeding

### Clinical Image

A 44 years-old male presents to the ED for epigastric pain associated with black stool. Four days before he underwent orthopedic surgery for accidental trauma and discharged with antibiotics and FANS. After the visit he suddenly developed hemodynamic instability (hemorrhagic shock class II: HR 100 bpm; PA 120/70; mildly anxious). A NGT was positioned with evidence of more than 1000 ml of dark-red blood with clots. At the lab exams the patient had 7.8 g/dL (before 13.5 g/dL), MCV 113.5 fL; PLT 114,000/mm<sup>3</sup>; INR 2.15 s. The patient underwent transfusion (3 units of red blood cells, 1 unit of fresh frozen plasma and 1 unit of platelets) and fluid repletion with crystalloids. After that an emergency endoscopy was performed that evidenced the presence of variceal bleeding (F2 esophageal varices). After stabilization the patient was admitted to the gastroenterology unit where a diagnosis of cirrhosis was confirmed (Figure 1, 2).



Figure 1: The NGT with more than 1000 ml of dark-red blood with clots.

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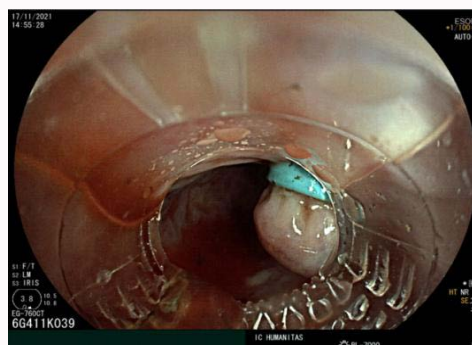


Figure 2: EGDS.