

# Early Intervention With Double Balloon Enteroscopy Has Higher Yield for Inpatient Overt Obscure Gastrointestinal Bleeding

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## Background

- Overt obscure gastrointestinal bleeding (OOGIB) is defined as continued bleeding with unknown source despite esophagogastroduodenoscopy (EGD) and colonoscopy.
- Small bowel evaluation through video capsule endoscopy (VCE) or double balloon enteroscopy (DBE) is often warranted.

## Aim

We studied the timing of DBE in OOGIB (>72 hr vs <72 hr of onset) with regards to diagnostic yield, therapeutic yield, and GI re-bleeding.

## Methods

Retrospective review of first-time inpatient DBEs 11/2012-12/2020 for OOGIB

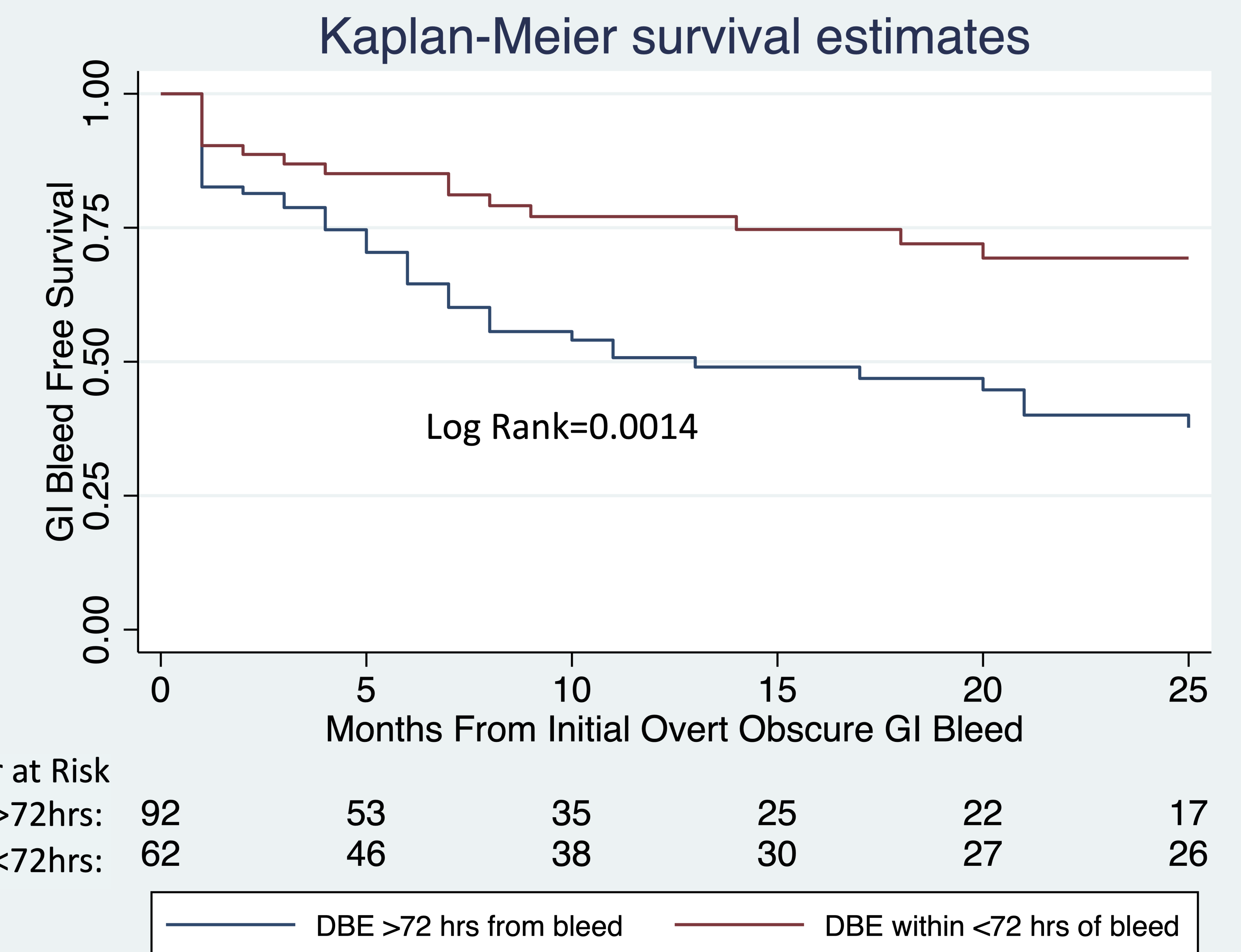
DBE<72 hrs (n=62) | DBE>72 hrs (n=92)



## Diagnostic and Therapeutic Yield

Diagnostic Yield				
Variable	Univariate Analysis		Multivariable Analysis	
	Odds Ratio [95% CI]	P value	Odds Ratio [95% CI]	P value
Age	1.02 [0.99-1.04]	0.16	1.01 [0.98-1.04]	0.51
Female	0.88 [0.46-1.71]	0.72	0.82 [0.39-1.71]	0.59
BMI < 25	1.66 [0.73-3.76]	0.22	1.61 [0.67-3.87]	0.29
ESRD	0.58 [0.23-1.47]	0.25	0.63 [0.21-1.85]	0.40
ICU admission	0.76 [0.37-1.56]	0.46	0.72 [0.33-1.58]	0.41
<b>VCE</b>	<b>3.71 [1.83-7.52]</b>	<b>0.00</b>	<b>4.26 [1.98-9.20]</b>	<b>0.00</b>
<b>Emergent DBE</b>	<b>2.21 [1.10-4.46]</b>	<b>0.03</b>	<b>2.79 [1.28-6.08]</b>	<b>0.01</b>
Therapeutic Yield				
Variable	Univariate Analysis		Multivariable Analysis	
	Odds Ratio [95% CI]	P value	Odds Ratio [95% CI]	P value
Age	0.96 [0.51-1.79]	0.89	1.00 [0.98-1.03]	0.87
Female	1.01 [0.99-1.04]	0.34	0.90 [0.45-1.81]	0.77
BMI < 25	1.21 [0.57-2.56]	0.62	1.13 [0.51-2.53]	0.76
ESRD	0.41 [0.15-1.08]	0.07	0.42 [0.14-1.24]	0.12
ICU admission	1.02 [0.51-2.05]	0.96	0.99 [0.46-2.11]	0.98
<b>VCE</b>	<b>2.77 [1.38-5.56]</b>	<b>0.00</b>	<b>3.26 [1.53-6.94]</b>	<b>0.00</b>
<b>Emergent DBE</b>	<b>2.36 [1.22-4.59]</b>	<b>0.01</b>	<b>2.79 [1.36-5.70]</b>	<b>0.00</b>

## GI Bleed Free Survival



## Discussion

- The management of OOGIB remains a challenge, both inpatient and outpatient.
- Our findings reiterate the consensus of data that timing of DBE closer to onset of bleeding can lead to increased diagnostic and therapeutic success as well as decreased rebleeding.
- The role of VCE in such scenarios also remains a topic of discussion; however, our findings indicate that implementation of VCE prior to DBE is associated with increased diagnostic and therapeutic yield regardless of enteroscopy timing.
- Further multicenter studies are needed to confirm these findings.