

Retrospective Review of Gastrointestinal Bleeding in COVID-19 Patients

admitted to the Intensive Care Unit

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Introduction

- limited literature on characteristics of gastrointestinal bleeds (GIB) in patients with COVID-19 admitted to the intensive care unit (ICU)
- Aim: study clinical characteristics of GIB in COVID-19 patients admitted to the ICU

Methods

- Retrospective study between January 2020 and September 2020 of patients admitted to the ICU with a diagnosis of COVID-19 and GIB (total 407 patients, 100 with GIB)
- Patients ≥ 18 years with overt GIB (melena, hematochezia, hematemesis) and acute anemia were included
- Demographics, comorbidities, pharmacological therapies, types and characteristics of GIB, interventions and outcomes were collected (Table 1)
- Variables were compared using chi-square and Fisher exact tests and logistic regressions

Results

Table 1: Clinical Characteristics of GIB in COVID-19 Patients in the ICU (n=100)	
Age (mean, years)	64
Gender	
Male	70% (70)
Female	30% (30)
Ethnicity	
Hispanic	48% (48)
Non-Hispanic	52% (52)
Comorbidities (mean)	
Cirrhotic	16% (16)
Non-cirrhotic	84% (84)
Anticoagulation	
Use of Anticoagulation	74% (74)
No Anticoagulation	26% (26)
Type of GI Bleed	
Upper GIB	76% (76)
Lower GIB	24% (24)
Overall Mortality	41% (41)

Table 1: clinical characteristics of GIB in patients admitted to the ICU with COVID-19

Discussion

- Majority with upper GIB, mostly commonly from duodenal ulcers
- Anticoagulation use was a major risk factor for GIB and almost half of patients required blood transfusion
- Utilization of higher doses of anticoagulation may be related to increased risk of coagulopathy and thrombotic events as well as systemic inflammation, increasing the risk of GIB in COVID-19 patients
- A heightened awareness of the possible propensity of COVID-19 patients to have GIB is needed
- Individualized management is crucial in these patients
- Further studies on GIB in COVID-19 patients admitted to ICU are required