

# **Occult GI bleeding - approach**

seminar

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Melena

Hematochezia

Hematemesis

fecal occult blood test (FOBT)

Hypochromic (MCH: 27-34 pg)  
(315-360 g/l)

Microcytic (vol.: 82-98 fl)

# Causes of GI bleeding

## **Mass laesions:**

- Malignancy
- Adenoma (>1.5 cm)
- Inflammation (acute and chronic)
- Erosions (oesophagus and stomach)
- Ulcer
- Varix

# Causes of GI bleeding

## Vascular disorders

- vascular ectasias
- PHG
- haemangiomas
- Dieulafoys laesion

# Causes of GI bleeding

## **Infectious diseases**

amoebiasis

worm infections

TBC

EHEC

# Causes of GI bleeding

## Other causes

ischaemia

haemobilia

haemosuccus pancreaticus

nose bleeding

Table II : Factors affecting the results of guaiac-based tests.

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(A) False-positive results.

1. Intake of foods that contain peroxidase activity (uncooked fruits and vegetables).
2. Drugs: Topical iodine, aspirin, NSAIDs.
3. Non-human haemoglobins: red meat.
4. Rehydration

(B) False-negative results.

1. Vitamin C (Ascorbic acid) intake.
2. Storage of slides.
3. Improper sampling or developing.
4. Lesion not bleeding at time of stool collection.
5. Haemoglobin degradation by colonic bacteria.

# Aetiology

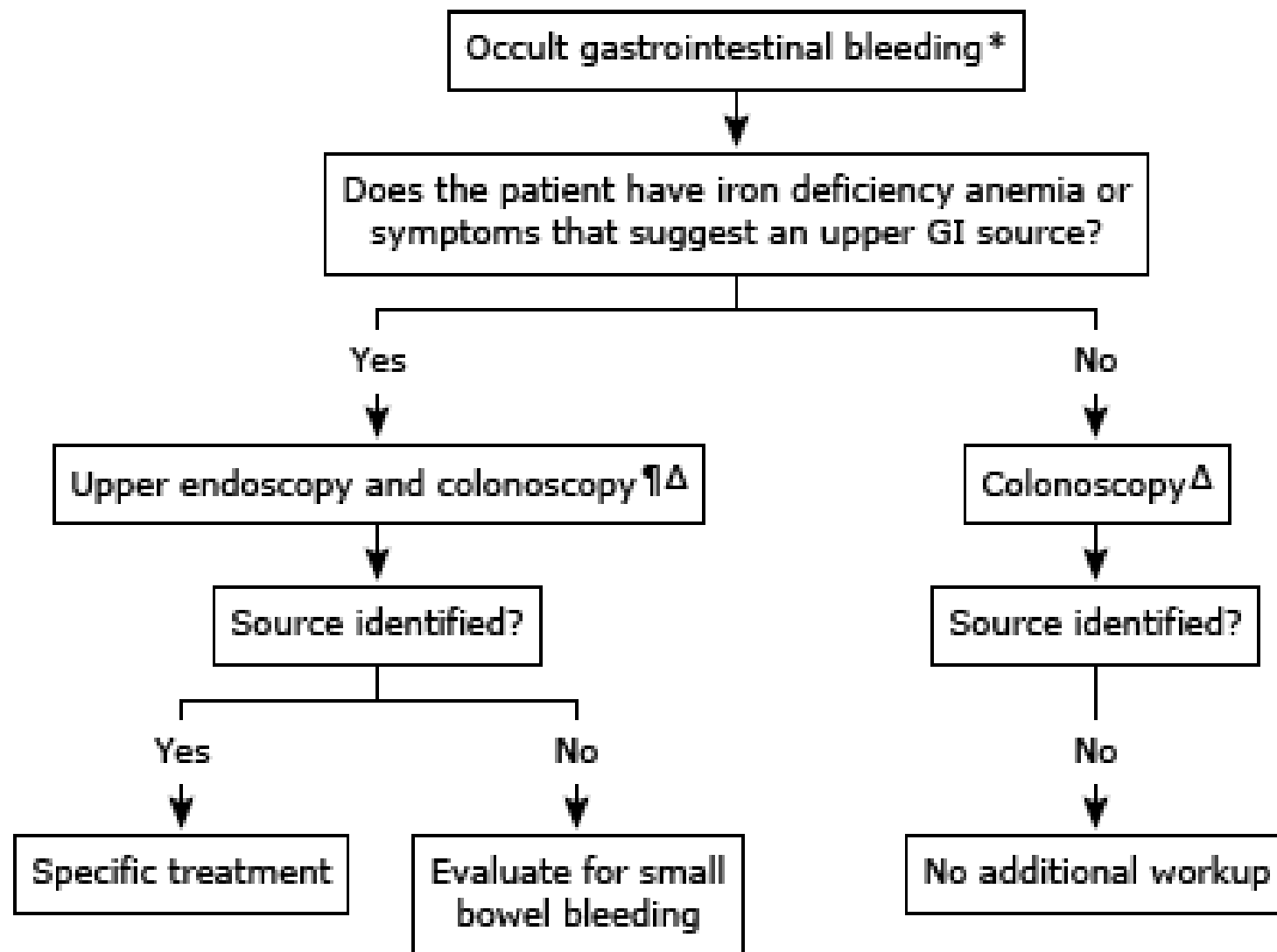
age <40

age >40



# **Medical history and physical examination**

# Evaluation of occult gastrointestinal bleeding



# Skin laesions

Dermatitis herpetiformis Duhring: Coeliac disease

Erythema nodosum: Crohn's disease

Freckles on lips and mause: Peutz-Jeghers syndrome







