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## Upper gastrointestinal bleeding in end-stage renal dialysis patients with chronic liver disease

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nd-stage renal disease (ESRD) and chronic liver disease (CLD) both increase the risk for upper Ligastrointestinal (UGI) bleeding. The prevalence of ESRD and CLD are high in Taiwan. The aim of this study was to evaluate the incidence, risk factors, and categories of UGI bleeding in ESRD dialysis patients. We enrolled 42,457 incident ESRD incident dialysis patients. These patients were followed until death, dialysis cessation, or end of database. Cumulative incidence of UGI bleeding after initiation of dialysis was calculated using Kaplan-Meier methods. Predictors for UGI bleeding were determined using Cox models. During the follow-up period, 5,528 patients had a UGI bleeding. Male, elderly, receiving hemodialysis (HD) and patient with comorbidities had a higher rate of UGI bleeding. The 1-, 3-, 5- and 7-year cumulative incidence rate of UGI bleeding were 9.8%, 21%, 25.3% and 28% in patients with liver cirrhosis (LC) on HD, 5.8%, 16.2%, 22.2% and 24.4% in patients with LC on PD, 3.7%, 9.2%, 13.2% and 16.4% in patients without LC on HD, and 2.1%, 5.5%, 8.2% and 10.4% in patients without LC on PD (log-rank: p <0.001). After multivariate adjustment, prior gastrointestinal bleeding (HR 1.731, 95% CI, 1.635-1.834), LC (1.682, 95% CI, 1.524-1.856), alcoholism liver disease (1.536, 95% CI, 1.635-1.834), and receiving HD (1.316, 95% CI, 1.153-1.502) were independently risks for UGI bleeding in ESRD dialysis patient. Gastric ulcers were found to be the most common source of bleeding (50.3%), while bleeding resulting from a gastrojejunal ulcer was least frequent. In conclusion, ESRD dialysis patients had a higher risk for UGI bleeding, especially those with prior gastrointestinal bleeding, LC, and alcoholism liver disease. In addition, receiving HD is a strong predictor for UGI bleeding. More attention should be paid to select dialysis modality, especially in high risk patients.

## **Biography**

Chia-Ling Wang, Nurse Practitioner, department of internal medical, Chi-Mei Medical Center, Taiwan. She grew up in Tainan City, Taiwan and graduated from Chinese Medical University in 2001 major in Nursing. After graduation, she works in the cardiovascular surgery ward as a nurse in Taipei Veterans General Hospital, Taiwan, 2001-2007. Since 2007 she works in the department of internal medicine, Chi-Mei Medical Center, Taiwan as a Nurse Practitioner. In the meantime, she is devoted to the nursing care for the patient with end-stage renal disease and dialysis.

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