

# WEEK 2

## Case of the week: A man throwing up blood

*A 35 years old chronic alcoholic man comes to the hospital with bright red hematemesis and syncope. His vital signs showed blood pressure of 100/50*

*Pulse of 120/min, nasogastric tube irrigation showed red tinged fluid , results of his laboratory tests are not yet available.*

### Question 1:

What is the optimal initial management for this patient?

- A. Perform endoscopy immediately
- B. Perform endoscopy in the next morning
- C. Prepare the patient for emergency shunt surgery
- D. 2 L of normal saline

### Question 2:

The following are known risk factors for peptic ulcer disease **except:**

- A. NSAID
- B. H.Pylori infection
- C. Liver cirrhosis
- D. Alcohol
- E. Zollinger –Ellison syndrome

### Question 3:

Which of the following would be the most appropriate medical therapy of the above patient presuming he has a bleeding peptic ulcer?

- A. IV Ranitidine
- B. IV mesoprostol
- C. IV Pantoprazole
- D. IV Octreotide
- E. IV vasopressin

### Question 4:

Which of the following would be the most appropriate medical therapy of the above patient presuming he has bleeding from esophageal varices?

- F. IV Ranitidine
- G. IV mesoprostol
- H. IV Pantoprazole
- I. IV Octreotide
- J. IV vasopressin

Question 5:

All the following are appropriate therapies for a patient with massive esophageal variceal bleed except:

- A. Esophageal varices banding
- B. Esophageal varices sclerotherapy
- C. Sengstakian tube
- D. Emergency TIPS procedure
- E. Emergency shunt surgery

For further reading

Ann Intern Med ,1995;123:280-7

Bleeding peptic ulcer N Eng J Med 1994;331:717-27

Gastroesophageal variceal hemorrhage N Eng J Med  
2001;345:669-81

Management of acute lower GI bleeding Am J Gastroenterol  
1998;93:1202