E CONF SERIES

International Conference on Economics, Finance, Banking and Management
Hosted online from Paris, France
Website: econfseries.com 24th September, 2025

OPTIMIZATION OF DIAGNOSIS AND MANAGEMENT OF ULCER BLEEDING IN PATIENTS WITH LIVER CIRRHOSIS

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Relevance:

Ulcer bleeding in patients with liver cirrhosis represents one of the most challenging clinical problems in emergency gastroenterology and surgery. Its course is complicated by portal hypertension, coagulation disorders, reduced regenerative potential of the liver, and a high risk of infectious complications. According to studies, mortality in ulcer bleeding among cirrhotic patients is 2–3 times higher than in patients without comorbid pathology, reaching 20–40%. These patients often experience recurrent bleeding, multiple organ failure, and unfavorable outcomes. Differential diagnosis of the bleeding source in this category of patients is difficult due to the similarity of clinical manifestations of peptic ulcer disease with bleeding from esophageal and gastric varices. This necessitates the improvement of diagnostic algorithms with the use of endoscopic, laboratory, and instrumental methods. Optimization of management strategies should be aimed not only at achieving local hemostasis but also at correcting coagulopathies, reducing portal pressure, and controlling systemic inflammation. The application of combined endoscopic hemostasis methods in combination with rational drug therapy can significantly reduce the risk of rebleeding and mortality. Thus, the development and implementation of optimized approaches to the diagnosis and treatment of ulcer bleeding in patients with liver cirrhosis is a highly relevant task of modern clinical practice.

Aim of the study:

To improve the management of patients with ulcer bleeding on the background of liver cirrhosis by implementing a comprehensive approach that includes early diagnosis, combined methods of endoscopic hemostasis, and correction of coagulopathy.

Materials and Methods:

The study was conducted in 2020–2024 at the Bukhara branch of the Republican Scientific Center for Emergency Medical Care and at the Department of "Surgical Diseases and Resuscitation" of the Bukhara State Medical Institute. A total of 3796 patients with upper gastrointestinal bleeding were analyzed: 62% had gastroduodenal ulcers (GDU), 28% — esophageal varices (EV), and 10% — drug-induced ulcers. The study group included 81 patients with liver cirrhosis and ulcer bleeding (60 with GDU and 21 with a combination of EV and GDU). Clinical and endoscopic data, comorbidities, lifestyle factors, and risk factors were taken into account.

Results:

In patients with liver cirrhosis, ulcer bleeding had a more severe course: blood loss was on average 25–30% higher, rebleeding and infectious complications occurred twice as often. Endoscopic examination identified the source of bleeding in 94% of cases. Combined endoscopic hemostasis (adrenaline injection + clipping/hemostatic coatings) achieved primary hemostasis in 89% of patients, but rebleeding occurred in 18% of cirrhotic patients compared to 7% without cirrhosis. Comprehensive therapy, including proton pump inhibitors, hemostatic agents, and correction of coagulopathy, reduced mortality to 14%, while in the standard therapy group it reached 28%.

Conclusion:

Ulcer bleeding in patients with liver cirrhosis is characterized by greater severity, higher blood loss, and increased recurrence and complication rates. Effective management requires early endoscopic diagnosis, combined hemostasis methods, and correction of coagulation disorders and portal hypertension. A comprehensive approach reduced recurrence and mortality almost twofold, confirming the clinical and social significance of optimizing diagnosis and treatment in this group of patients.