

HEMORRAGIAS DE VÍAS DIGESTIVAS ALTAS ASOCIADA A Helicobacter pylori EN BARRANQUILLA (ATL, CO) ENTRE LOS AÑOS 2021 A 2023

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RESUMEN

Las hemorragias de vías digestivas altas (HVDA) asociada con *H. pylori* son una afección en la que se produce sangrado en cualquier parte del tubo digestivo. Puede ser visible a simple vista o detectarse mediante pruebas de laboratorio.

Objetivo: Evaluar la incidencia de la hemorragia de vías digestivas altas asociada a *Helicobacter pylori* en una clínica de 4to nivel de complejidad en Barranquilla (Atl, CO) entre los años 2021 a 2023

Metodología: Se llevó a cabo un estudio retrospectivo en Magangué (Bol, CO). Se realizó un censo de los pacientes mayores de 18 años que llegaron a la sala de emergencias debido a HVDA. Se realizó estadística descriptiva, medidas de tendencia central para los datos cuantitativo y frecuencia y porcentaje para los cualitativos. Se compararon las medianas entre los grupos (fallecidos vs sobrevivientes) en función del resultado. La significancia estadística fue de $p < 0.05$. El software estadístico R-CRAN versión 4.3.0.

Resultados: El estudio examinó a 329 pacientes con HVDA, y se incluyeron en el análisis final a 44 (13%) pacientes con positividad de infección por *H. pylori*. Se observó una distribución similar de edad por género, con una mediana general de 60 años. Aunque no se encontraron diferencias significativas en la distribución de diagnósticos de ingreso entre hombres y mujeres, se identificó una mayor prevalencia de hipertensión arterial en hombres (45%) en comparación con mujeres (15%). La gastritis crónica (75%), y la UGI (23%) fueron los hallazgos patológicos más frecuentes. No hubo diferencia en la prevalencia de ACI, gastritis aguda/crónica y UGI entre masculinos y femeninas. Se observó una mayor prevalencia de hematemesis en femeninas comparado con masculinos (40% vs 24%), mientras que la melena fue más frecuente en masculinos (76% vs 60%) ($p=0.3$). Se observó que en general, la mayoría de las UGI se clasificaron como IIA (50%), seguido de la clasificación III (40%) y la clasificación IB (10%). No se observaron diferencias significativas en la estadificación entre mujeres y hombres ($p>0.92$). Este estudio subraya la importancia de comprender las características clínicas y patológicas de los pacientes con HVDA con infección por *H. pylori*, lo que podría contribuir a mejores estrategias de detección y tratamiento de esta patología.

Conclusión: La identificación de patrones específicos en diferentes subgrupos de pacientes podría contribuir a mejorar las estrategias de detección, diagnóstico y tratamiento de esta patología en Barranquilla. La presencia de hipertensión arterial como comorbilidad significativa en hombres sugiere que el manejo integral de los pacientes con HVDA debe incluir un enfoque en el control de la presión arterial, especialmente en poblaciones de riesgo.

Palabras clave: Hemorragia de vías digestivas altas; Hospitalización; Estancia hospitalaria; Mortalidad; Gastroenterología.

ABSTRACT

Upper gastrointestinal bleeding (UGIB) associated with *H. pylori* is a condition in which bleeding occurs anywhere in the digestive tract. It can be visible to the naked eye or detected through laboratory tests.

Objective: To evaluate the incidence of upper gastrointestinal bleeding associated with *Helicobacter pylori* in a level 4 complexity clinic in Barranquilla (Atl, CO) between the years 2021 and 2023.

Methodology: A retrospective study was conducted in Magangué (Bol, CO). A census was taken of patients over 18 years old who arrived at the emergency room due to UGIB. Descriptive statistics, measures of central tendency for quantitative data, and frequency and percentage for qualitative data were used. Medians were compared between groups (deceased vs. survivors) based on the outcome. Statistical significance was set at $p < 0.05$. The statistical software R-CRAN version 4.3.0 was used.

Results: The study examined 329 patients with UGIB, and 44 (13%) patients with positive *H. pylori* infection were included in the final analysis. A similar age distribution was observed by gender, with an overall median age of 60 years. Although no significant differences were found in the distribution of admission diagnoses between men and women, a higher prevalence of arterial hypertension was identified in men (45%) compared to women (15%). Chronic gastritis (75%), and UGI (23%) were the most frequent pathological findings. There was no difference in the prevalence of acute myocardial infarction, acute/chronic gastritis, and UGI between males and females. A higher prevalence of hematemesis was observed in females compared to males (40% vs 24%), while melena was more frequent in males (76% vs 60%) ($p=0.3$). It was observed that in general, the majority of the UGIs were classified as IIA (50%), followed by classification III (40%) and classification IB (10%). No significant differences were observed in the staging

between women and men ($p>0.92$). This study underscores the importance of understanding the clinical and pathological characteristics of patients with UGIB with *H. pylori* infection, which could contribute to better detection and treatment strategies for this pathology.

Conclusion: The identification of specific patterns in different patient subgroups could contribute to improving detection, diagnosis, and treatment strategies for this pathology in Barranquilla. The presence of arterial hypertension as a significant comorbidity in men suggests that comprehensive management of patients with UGIB should include a focus on blood pressure control, especially in at-risk populations.

Keywords: Upper gastrointestinal bleeding; Hospitalization; Hospital stay; Mortality; Gastroenterology.

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