

Caracterización clínica y epidemiológica de las hemorragias de vías digestivas altas en pacientes sin infección por *HELICOBACTER pylori* en una clínica de cuarto nivel en Barranquilla (ATL, CO) 2021–2023

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RESUMEN

Introducción: La hemorragia de vías digestivas altas (HVDA) continúa siendo una causa frecuente de hospitalización y mortalidad. Aunque la infección por *Helicobacter pylori* ha sido históricamente la principal etiología, su disminución ha modificado el perfil clínico de los pacientes, haciendo necesario estudiar a quienes presentan HVDA sin dicha infección.

Objetivo: Caracterizar el perfil clínico, comorbilidades, diagnóstico de ingreso, duración de la estancia hospitalaria y factores asociados con la mortalidad en pacientes con HVDA sin infección por *H. pylori*.

Metodología: Estudio observacional, retrospectivo y analítico realizado en una clínica de cuarto nivel en Barranquilla (Colombia), entre 2021 y 2023. Se incluyeron 285 pacientes ≥ 18 años con diagnóstico endoscópico de HVDA y pruebas negativas para *H. pylori*. Se analizaron variables clínicas, paraclínicas y de desenlace mediante estadística descriptiva, bivariada y multivariada.

Resultados: La mediana de edad fue 60 años, con predominio de hipertensión arterial (42%) y diabetes tipo 2 (17%). La hematemesis fue el diagnóstico de ingreso más frecuente (53%). Pacientes con melena fueron significativamente mayores y presentaron más úlceras gástricas. La estancia hospitalaria fue mayor en pacientes mayores de 60 años ($p < 0.001$). La mortalidad fue del 5%, asociada con edad avanzada (OR: 3.14), complicaciones cardiovasculares (OR: 12.1) y encefalopatía secundario a hepatopatía avanzada o hipóxica (OR: 9.0).

Conclusión: La HVDA sin *H. pylori* afecta principalmente a adultos mayores con comorbilidades relevantes. La forma de presentación y las complicaciones sistémicas son determinantes clave del pronóstico, lo que exige un enfoque clínico diferencial y oportuno.

Palabras clave: Hemorragia digestiva alta, *Helicobacter pylori*, mortalidad hospitalaria, comorbilidades, melena, hematemesis.

ABSTRACT

Background: Upper gastrointestinal bleeding (UGIB) remains a major cause of hospitalization and mortality. Although *Helicobacter pylori* infection has traditionally been its main etiology, its decreasing prevalence has changed the clinical profile of affected patients, highlighting the need to study UGIB cases without this infection.

Objective: To characterize the clinical profile, comorbidities, admission diagnosis, hospital stay duration, and mortality-associated factors in patients with UGIB without *H. pylori* infection.

Methods: A retrospective, observational, analytical study was conducted in a tertiary care center in Barranquilla (Colombia) from 2021 to 2023. We included 285 patients aged ≥ 18 years with endoscopically confirmed UGIB and negative *H. pylori* tests. Clinical, paraclinical, and outcome variables were analyzed using descriptive, bivariate, and multivariate statistics.

Results: Median age was 60 years, with hypertension (42%) and type 2 diabetes (17%) as the most common comorbidities. Hematemesis was the most frequent admission diagnosis (53%). Patients with melena were significantly older and had more gastric ulcers. Hospital stay was longer among patients over 60 years ($p < 0.001$). Overall mortality was 5%, associated with older age (OR: 3.14), cardiovascular complications (OR: 12.1), and encephalopathy secondary to advanced hepatopathy or hypoxic etiology (OR: 9.0).

Conclusion: UGIB without *H. pylori* mainly affects older adults with significant comorbidities. Presentation type and systemic complications are key prognostic factors, requiring timely and tailored clinical approaches.

Keywords: Upper gastrointestinal bleeding, *Helicobacter pylori*, hospital mortality, comorbidities, melena, hematemesis.

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