

Lower gastrointestinal bleeding in patients with cirrhosis

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Lower gastrointestinal bleeding (LGIB) is an important cause of morbidity and mortality in patients with cirrhosis. LGIB increases with age. LGIB occurrence corresponds to the incidence of specific gastrointestinal diseases such as diverticulosis coli, vascular ectasia, ischemic colitis, inflammatory diseases of the colon, colonic neoplasms and portal hypertensive colopathy, the incidence of co-morbid diseases, such as cardiovascular disease, diabetes mellitus and malignancy, the use of polypharmacy with agents such as anticoagulants and non-steroidal anti-inflammatory agents and the presence of associated coagulopathy. The evaluation of patients is adjusted to the rate and severity of hemorrhage and the clinical status of the patient and may be complicated by the presence of visual, auditory and cognitive impairment due to age and disease. Bleeding may be chronic and mild or severe and life threatening, requiring endoscopic, radiologic or surgical intervention.

Biography

Maxwell M. Chait completed his M.D. at the age of 25 from the University of California School of Medicine at San Francisco. He is a Fellow of several prestigious organizations, including the American College of Physicians, American College of Gastroenterology, American Gastroenterological Association and the American Society for Gastrointestinal Endoscopy. He is a practicing gastroenterologist on the faculty of the Columbia University College of Physicians and Surgeons. He has authored more than 40 publications in reputed journals. He is the editor-in-chief of the Journal of Liver Disease and Transplantation and serves on the editorial board of the World Journal of Gastrointestinal Endoscopy.

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