

## Upper gastrointestinal hemorrhage at the University Hospital of Marrakech Report of 254 cases

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Upper gastrointestinal bleeding is an emergency. Endoscopy is the key consideration, it helps to establish the etiological diagnosis and perform actions bleeding.

**Patients and methods:** Retrospective descriptive study spanning four years (from September 2006 to September 2010) compiling the upper gastrointestinal hemorrhage in the service of hepato-gastroenterology at the University Hospital Med VI, Marrakech.

**Results:** Of 04 years we collected 256 cases of upper gastrointestinal hemorrhage including 143 men and 113 women (sex ratio + 1.26). The average age of our patients was 39 (range 11-82 years). Gastroscopy was performed in all patients within an average of 08 hours in patients stabilized hemodynamically, unanesthetized.

The origin of bleeding was identified by gastroscopy in 250 cases: 64 ulcer, 43 bulbar ulcer 06 Gastric, 03 association of gastric ulcer and bulbar and 02 cases of Dieulafoy, 110 esophageal varices: 80.9% in stage III, the Stage II was noted in 16.4% and 2.7% in stage I, 36 cases of erythematous bulbitis-Castro, 23 gastric tumors, 3 esophageal tumors, 9 cases of severe oesophagitis, 03 cases of Mallory Weiss, 02 cases of angiodysplasia,

Gastroscopy was normal in 5 cases, in which a colonoscopy found a tumor in a patient with right colon, angiodysplasia lesions in one case and three colonoscopies without anomalies. Ligature of esophageal varices were performed in 107 patients with good results at 104, 02 poses of 02 and clip adrenaline injection were made with good answers

**Conclusion:** The development of endoscopic haemostatic methods allowed the endoscopy to be an effective therapeutic method.