Comparison of ABC score with AIMS65, Rockall and GBS score for predicting 30 mortalities in patients with upper and lower GI bleed.

An observational prospective study, patients enrolled and clinical details, blood parameters, endoscopic findings noted, appropriate therapeutic intervention done, and all patients followed up for 30 days to look for mortality.

54 patients were included. Data showed age ≥75 years, creatinine >150 µmol/L, low albumin, PR 100 beats/min, altered mental status increased 30 day mortality.

Score showed 30-day mortality (AUROC (95%CI) 0.81 (0.74 to 0.88)) in present cohort. Based on AUROCs, score was better at predicting 30-day mortality as compared with AIMS65 (AUROC (95%CI) 0.64 (0.59 to 0.69); admission Rockall score (AUROC (95%CI) 0.72 (0.69 to 0.75); p<0.001), full Rockall score (AUROC (95%CI) 0.77 [0.68 to 0.86]; p<0.001) and GBS (AUROC (95%CI) 0.78 (0.74 to 0.82); p<0.001). Association of ABC score and mortality as follow patients with a score of ≤3 (62% of patients) had a very low risk (1.8%), score of 4–7 (29% of patients) moderate risk (7.9%), and score of ≥8 (9% of patients) had a very high mortality rate of 48% respectively.

ABC score can predict 30 day mortality more accurately than GBS, AIMS65 and Rockall score. It is single score which predict mortality in both UGI and LGI bleed.

REFERENCES