A very important paper by Young-II Kim et al. [1] was published recently in Endoscopy. The authors found that the Glasgow-Blatchford score (GBS) was inferior to the Rockall score in predicting the need for urgent hemostatic intervention for tumor-associated upper gastrointestinal bleeding (UGIB), leading to poor performance (area under the receiver operating characteristic curve [AUROC] 0.56). This study is crucial for patient risk stratification for UGIB during the COVID-19 pandemic, and we would like to draw your attention toward it.

The COVID-19 pandemic has severely affected the practice of gastrointestinal (GI) endoscopy worldwide because upper GI endoscopy has been recognized as an aerosol-generating procedure that increases the risk of COVID-19 infection [2]. Thus, the endoscopic management of patients with UGIB now presents a dilemma. The pre-endoscopy risk scores, such as GBS, are based on pre-pandemic research and have not been validated by large-scale studies during the COVID-19 pandemic. A recent case series [3] has shown that six UGIB patients with COVID and GBS >7 did not require endoscopy and were conservatively managed, which did not accord with the relevant European Society for Gastrointestinal Endoscopy (ESGE) guideline [4]. The latter recommends only that patients with a GBS score of 0–1 do not require endoscopy. Thus, the performance of the GBS has seemed to be especially limited during the COVID-19 pandemic [3]. According to Laursen et al. [5], the low-risk threshold for defining UGIB patients who do not require inpatient endoscopy and hospitalization could be increased to GBS <3.

In conclusion, the COVID-19 pandemic remains a worldwide challenge, and its impact on GI endoscopy and UGIB detection could be increasingly significant. Raising the GBS threshold or developing a new and accurate risk score before endoscopy in UGIB patients will be critical in the prevention of a UGIB healthcare crisis. We hope a more rigorous study will be conducted in the near future.

Competing interests

The authors declare no conflicts of interest.

The authors

Zhihui Duan, Shengyun Zhou, Zongxian Niu
Department of Endoscopy, Xingtai People’s Hospital, Xingtai 054000, Hebei Province, China

Corresponding author

Zhihui Duan, MM
Department of Endoscopy, Xingtai People’s Hospital, No.16 Hongxing Street, Xingtai 054000, Hebei Province, China
15131988129@163.com

References


Bibliography

Endoscopy 2021; 53: 209
DOI 10.1055/a-1300-2132
ISSN 0013-726X
published online 19.11.2020
© 2020. Thieme. All rights reserved.
Georg Thieme Verlag KG Rüdigerstraße 14, 70469 Stuttgart, Germany