

中文題目：針對慢性肝臟疾病盛行區域，上消化道出血在透析病患之流行病學研究

英文題目：Upper gastrointestinal bleeding among dialysis patients in an endemic area for chronic liver disease

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Abstract:

Background:

End-stage renal disease (ESRD) and chronic liver disease (CLD) both increase the risk for upper gastrointestinal (UGI) bleeding. The prevalence of ESRD and CLD are high in Taiwan. The aim of this study was to evaluate the incidence, risk factors, and categories of UGI bleeding in ESRD dialysis patients.

Methods:

Using Taiwan's National Health Insurance research database, we enrolled 42,457 incident ESRD dialysis patients who began dialysis between 1999 and 2004. The patients were followed until death, dialysis cessation, or 31 December 2008. Cumulative incidence of UGI bleeding after initiation of dialysis was calculated using Kaplan-Meier methods. Predictors for UGI bleeding were determined using Cox models.

Result:

During the follow-up period, 5,528 patients had a UGI bleeding. Male, elderly, receiving hemodialysis (HD) and patient with comorbidities had a higher rate of UGI bleeding. The 1-, 3-, 5- and 7-year cumulative incidence rate of UGI bleeding were 9.8%, 21%, 25.3% and 28% in patients with liver cirrhosis (LC) on HD, 5.8%, 16.2%, 22.2% and 24.4% in patients with LC on PD, 3.7%, 9.2%, 13.2% and 16.4% in patients without LC on HD, and 2.1%, 5.5%, 8.2% and 10.4% in patients without LC on PD (log-rank: $p < 0.001$). After multivariate adjustment, prior gastrointestinal bleeding (HR 1.731, 95% CI, 1.635-1.834), LC (1.682, 95% CI, 1.524-1.856), alcoholism liver disease (1.536, 95% CI, 1.635-1.834), and receiving HD (1.316, 95% CI, 1.153-1.502) were independently risks for UGI bleeding in ESRD dialysis patient. Gastric ulcers were found to be the most common source of bleeding (50.3%), while bleeding resulting from a gastrojejunal ulcer was least frequent.

Conclusion:

ESRD dialysis patients had a higher risk for UGI bleeding, especially those with prior gastrointestinal bleeding, LC, and alcoholism liver disease. In addition, receiving HD is a strong predictor for UGI bleeding. More attention should be paid to select dialysis modality, especially in high risk patients.