

## Journal Reading

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## Topic

Prospective validation of the Baylor bleeding score for predicting the likelihood of rebleeding after endoscopic hemostasis of peptic ulcers

GI ENDO. 41(6):561–565, 1995

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Houston, Texas

## Introduction

- Peptic ulcer s/p endoscopic therapy  
rebleeding rate : 10~30%
- Many scoring system with limited clinical  
use : complexity
- Baylor bleeding score : objective data  
obtained both before and at the time of  
endoscopy

## Materials and Methods

## Inclusion criteria

- Patients to the Houston Veterans Affairs  
Medical Center with major ulcer  
hemorrhage with successful endoscopic  
hemostasis
- Major hemorrhage : hematemesis, melena,  
or both associated
  - syncope
  - hypotension (SBP <100 mm Hg)
  - orthostatic changes in pulse (>20  
beats/min) and BP (>20 mm Hg).

## Endoscopic therapy

- Active bleeding (oozing from the ulcer  
edges was not counted as active bleeding.)
- Pigmented protuberance
- An adherent clot resistant to washing
- Epinephrine inj. and heat probe