

Results of Transcatheter Arterial Embolization (TAE) for bleeding peptic ulcers

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Introduction: peptic ulcer bleeding (PUB) remains an urgent problem with a probable mortality rate of more than 20%. The Transcatheter Arterial Embolization (TAE) has become a widespread practice. The TAE in most cases could avoid open surgery, especially in the group of comorbid patients of the senior age, but there are some limitations.

Material and methods: a retrospective, single-center study from 2021 to 2023, enrolled 89 patients with confirmed PUB: 65 male (73%), 24 female (27%), an average age 67.9 ± 14.4 . Distribution of patients according to Forrest et al.: FIa 10(11.2%), FIb 20(22.5%), FIIa 30(33.7%), FIIB 25(28.1%), FIIC 4(4.5%). Endoscopic signs of a deep ulcer detected in 34 (38.2%) cases, and ulcer's size >20 mm in 40 (44.9%), the location of peptic ulcer along the small curvature of stomach and on posterior wall of duodenum in 33 (37.1%) patients.

Results: TAE performed for 78(87.6%) patients. Rebleeding after TAE detected in 17 (21.8%) patients and open surgery performed for 8(10.3%) patients. Total mortality rate was 24(27%), the mortality after TAE – 19(24.3%), and mortality after rebleeding - 5(6.4%). The occlusion of the Gastroduodenal Artery (GDA) performed in 60 (76.9%) patients, the Left Gastric Artery (LGA) – 17(21.8%), the Common Hepatic Artery (CHA) – 1(1.3%). Embolization with coils performed in 59 (75.6%) cases, microspheres - in 19(24.4%). Complications after TAE noted in 8(10.2%) patients: 4 patients, after TAE with coils had an acute renal failure, which required hemodiafiltration, and 4 patients after TAE with microspheres underwent emergency thrombectomy from artery of access.

Conclusion: TAE was feasible in most of cases - 87.6%, with rebleeding rate 21.8%, number of complications - 8.9% cases.

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