

中文題目：隱藏性出血病人施作單氣囊小腸鏡前接受出血掃描之必要性

英文題目：Is a Bleeding Scan Prior to Single-Balloon Enteroscopy Necessary in Patients with Obscure Gastrointestinal Bleeding?

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**Background:** To evaluate the efficacy and accuracy of bleeder localization of a pre-enteroscopic bleeding scan in patients with obscure gastrointestinal bleeding (OGIB).

**Methods:** From January 2009 to December 2014, 98 patients with OGIB undergoing single-balloon enteroscopy (SBE) were enrolled. These patients were classified based on their history of a previous bleeding scan; 56 underwent a previous bleeding scan, whereas 42 did not. The clinical characteristics, endoscopic findings, and rebleeding rate were compared between these two groups. The ability of the bleeding scan to localize the bleeding site was analyzed.

**Results:** The mean age of patients was 56±22 years; final diagnostic yield, 65.3%; and the most common etiology of OGIB, angiodysplasia (29.6%). There was no significant difference in demographic characteristics, OGIB etiologies, and final diagnostic yields (67.9% vs. 61.2%, bleeding scan vs. control group). In the bleeding scan group, the rate of positive detection was approximately 80.4%. However, only 35.6% of patients with a positive bleeding scan had correctly localized bleeding. In addition, the bleeding scan delayed the timing of performing SBE (8.9 days vs. 3.1 days, P<0.001). During the 24 months of follow up, 15 patients (15.3%) exhibited rebleeding and needed to be hospitalized, but there was no difference between the groups.

**Conclusion:** In our study, bleeding scans in patients with OGIB revealed poor localization of a bleeder and the delay of timing for performing SBE. Thus, a bleeding scan prior to SBE showed a limited role for patients with OGIB.