ICU
MANAGEMENT & PRACTICE

Tranexamic Acid for Acute UGIB in Patients With Cirrhosis

A recent study aimed to assess the effectiveness and safety of tranexamic acid in treating acute upper gastrointestinal bleeding (UGIB) in patients with cirrhosis, particularly those classified as Child-Turcotte-Pugh (CTP) class B and C. These patients experience systemic and localised fibrinolysis in the mucosa of the oesophagus and stomach.

The study included 600 patients with advanced liver cirrhosis (CTP class B or C) and UGIB. Patients were randomly assigned to receive either tranexamic acid (300 patients) or a placebo (300 patients). The primary outcome of the study was the proportion of patients experiencing treatment failure within five days.

As per the results, failure to control bleeding by day 5 occurred in 6.3% (19 out of 300) of patients in the tranexamic acid group compared to 13.3% (40 out of 300) in the placebo group. Among patients undergoing first-time oesophageal variceal ligation (EVL), excluding those with previous post-EVL ulcer bleeding, failure to control bleeding by day 5 at the oesophageal EVL site was seen in 4.9% (11 out of 222) in the tranexamic acid group and 12.0% (27 out of 225) in the placebo group. However, 5-day and 6-week mortality rates were similar between the tranexamic acid and placebo groups.

These findings show that tranexamic acid effectively reduces the failure to control bleeding by day 5 and the risk of rebleeding after day 5 up to 6 weeks in patients with CTP class B or C presenting with UGIB. This reduction in bleeding is particularly evident in preventing bleeding from the EVL site.

Source: Hepatology
Image Credit: iStock

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