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LETTERS

RISK SCORING IN UPPER GI BLEEDING

Authors' reply to Dib

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Pre-endoscopy scoring systems do not take into account whether bleeding is from varices because that is unknown before endoscopy. Several risk scoring systems, however, such as the Glasgow Blatchford score and admission Rockall score include underlying liver disease (and other comorbidities) as variables. In addition, and as Dib notes,[1] the AIMS65 score includes albumin and international normalised ratio, which are often altered in patients with liver disease.

Any patient with chronic liver disease is at higher risk of poor outcome with or without bleeding from varices, which is why a history or markers of liver disease are usually included in gastrointestinal bleeding scores. It is correct that 143 of the patients in our study had a variceal source of bleeding confirmed at endoscopy.[2] However, the study aimed to assess the clinical utility of risk scores, including very early assessment using the three pre-endoscopy risk scores assessed. The pre-endoscopy AIMS65 score and post-endoscopy PNED were best at predicting 30 day mortality at thresholds 2 and 4, respectively, although areas under the receiver operating characteristic curve were <0.80. If patients have a degree of liver decompensation leading to both a low albumin and a raised international normalised ratio, they will score at least 2 in the AIMS65 score. However, patients with compensated cirrhosis who might bleed from varices often have normal albumin or international normalised ratio, or both. Therefore we do not think that this issue affects the results of our study in predicting mortality.

Mortality after variceal bleeding is largely dependent on the severity of underlying liver disease as measured by Child-Pugh's classification or the model for end stage liver disease scoring rather than by standard upper gastrointestinal bleeding risk scores. However, our results are an opportunity to assess the ability of the risk scores studied to predict outcome in patients with variceal bleeding, and we are currently analysing this subgroup with the aim of writing a short article on this.

Competing interests: None declared.

1 Dib JJr. Utility of AIMS65 score in predicting mortality in patients presenting with upper gastrointestinal bleeding. *BMJ* 2017;357:j3019.
2 Stanley AJ, Laine L, Dalton HRInternational Gastrointestinal Bleeding Consortium. Comparison of risk scoring systems for patients presenting with upper gastrointestinal bleeding: international multicentre prospective study. *BMJ* 2017;356:i6432. doi:10.1136/bmj.i643228053181

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