



## GI Bleed and Foreign Body

### Case 1

A 50 year old man is brought to the ED complaining of dizziness and abdominal pain. He is a chronic alcoholic, with known cirrhosis, and continues to drink alcohol heavily. He has previously had upper endoscopies for “ulcers”.

On arrival in ED he is pale and sweaty and his observations are:

HR 120

BP 75/55

RR 26

O<sub>2</sub> sats 100% on High flow O<sub>2</sub>

Afebrile

His abdominal examination shows a mildly tender epigastrium, hepatosplenomegaly and signs of chronic liver disease.

1. What are your differentials?
2. What investigations are required?
3. Describe your immediate management

During your assessment he vomits 500mls of frank blood onto your shoes. While you are cleaning the blood of your feet your intern

shows you the patients previous endoscopy report, which describes significant Oesophageal Varices.

4. Describe your specific management
5. Discuss the use of the Sengstaken-Blakemore tube in the management of this patient

## Case 2

A 58 year old man presents with a piece of meat “stuck” in his throat. He has normal vital signs.

On assessment he localises the food to the retrosternal area, and cannot swallow his saliva.

How would you manage this man?

