

Seasonal Variation in Acute Gastrointestinal Bleeding in Korea

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Background/Aims: Acute gastrointestinal bleeding (GIB) may have a seasonal variation. The aim of this study was to determine the seasonal and monthly patterns in the presentation of acute GIB in Korea. **Methods:** From March 2014 to February 2015, the medical records of all patients who visited the emergency room for the management of acute GIB were retrospectively reviewed. We analyzed the association between the number of patients with acute GIB and each temperature parameter. **Results:** A total of 716 patients with acute GIB were enrolled in this study. The study population comprised 497 males (69.4%) and 219 females (30.6%), and the mean age was 62.3 years. There were 497 (69.4%) and 219 (30.6%) patients with acute upper and lower GIB, respectively. Variceal bleeding was detected in 171 (23.9%) patients. There were significant association of the number of acute GIB with seasons ($p=0.021$) and months ($p=0.018$), respectively. The highest incidence of acute GIB was observed in spring while the lowest incidence occurred in summer. The peak number of patients with acute GIB was noticed in April and the lower plateau was observed from June to September. There was no significant correlation between the presentation of acute GIB and average temperature. However, the presentation of acute GIB showed a higher preference of daily temperature difference (correlation coefficient = 0.112, $p=0.05$). **Conclusions:** There is seasonal and monthly variation in the presentation of acute GIB. Acute GIB might occur more commonly in the days with higher temperature difference.

Optimal fasting period after gastric ESD

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Background/Aims: There are currently no standardized guidelines for adequate determination of fasting period following gastric ESD. The aim of this study was to determine the appropriate length of fasting period. **Materials and Methods:** Enrolled patients were randomized into a short fasting group and a long fasting group. In the short fasting group, patients had been fasting until the next day after ESD. In the long fasting group, patients had been fasting until two days after ESD. A second-look endoscopy was performed immediately prior to starting diet. The primary end point was a measurement of discomfort related ESD after diet such as epigastric pain, heart burn, regurgitation, nausea and vomiting. Secondary end points included bleeding rate after diet, hospital stay, patient satisfaction and hemostasis upon second-look endoscopy. **Results:** We analyzed data from 101 of 110 randomized patients. Both groups demonstrated similar baseline characteristics. There were no significant differences in reports of epigastric pain, heartburn, regurgitation, nausea, and vomiting after diet. Both group demonstrated similar hemostasis rates upon second-look endoscopy (26% vs. 31.4%, $p=0.551$) and bleeding rate (4% vs. 0%, $p=0.149$). The duration of hospital stay was significantly shorter in the short fasting group (4.12 days vs. 5.11 days, $p<0.001$), and patient satisfaction was greater ($p=0.003$) compared to the long fasting group. **Conclusions:** The short fasting period does not cause discomfort related to ESD nor does it influence post ESD bleeding. Moreover, the short fasting protocol results in shorter hospital stays and greater patient satisfaction.