

Evidence Discussion – GI Bleeding (AB-22.1)

In individuals suspected of having GI bleeding, after initial endoscopic evaluation if feasible, the best imaging modality is CT or CTA of the abdomen and pelvis. Such imaging plays a crucial role in both diagnosis and management. Computed tomographic angiography (CTA) is more expedient and accurate at localizing the site of bleeding as compared to gastrointestinal bleeding scintigraphy (tagged RBC scintigraphy) which can be a useful alternative in the setting of active GI bleeding, especially if it is slow or intermittent. CTA is the exam of choice for potential causes of catastrophic bleeding such as aortoenteric fistula, transmural bowel injuries, and mesenteric hemorrhage. A Meckel's scan can be useful when bleeding is suspected from a Meckel's diverticulum.

References

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