Cirrhosis and Gastrointestinal Bleeding

Shih-Wei Lai · Kuan-Fu Liao

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To the Editor,

We read the article by Kalafateli et al. [1], which assesses the relationship between non-variceal gastrointestinal bleeding and cirrhosis, with great interest. The authors comment that the related data of this issue are scanty. In fact, two cohort studies found by utilizing the Taiwan National Health Insurance database have shown that cirrhotic patients had an increased risk of peptic ulcer bleeding (hazard ratio range, 3.19–4.22) [2, 3]. These two studies with meaningful findings have added to the evidence on this issue.

To date, because of no specific treatment for cirrhosis, the risk of cirrhosis-induced gastrointestinal bleeding could not be well controlled. From the view of preventive medicine, prevention of hepatitis B and C virus infections for prevention of cirrhosis should be the more practical policy to effectively reduce the risk of cirrhosis-related

gastrointestinal bleeding [4]. Therefore, hepatitis B vaccination, interrupting the transmission routes of hepatitis C infection, screening for blood donors with hepatitis C antibody, treatment with interferon and ribavirin for hepatitis C infection, and reduction in alcohol intake, should be diligently implemented in clinical practice [5].

Conflict of interest None.

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S.-W. Lai
School of Medicine, China Medical University, Taichung 404,
Taiwan

S.-W. Lai
Department of Family Medicine, China Medical University
Hospital, Taichung 404, Taiwan

K.-F. Liao (✉)
Department of Internal Medicine, Taichung Tzu Chi General
Hospital, No.66, Sec. 1, Fongsing Rd., Tanzi, Taichung 427,
Taiwan
e-mail: kuanfuliao@yahoo.com.tw

K.-F. Liao
Graduate Institute of Integrated Medicine, China Medical
University, Taichung 404, Taiwan

K.-F. Liao
Department of Health Care Administration, Central Taiwan
University of Science and Technology, Taichung 406, Taiwan