

Gastrointestinal Bleeding and Transfusion Strategies in Patients with Hypoalbuminemia

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To the editor,

We read the study of Cheng et al. [1] with great interest and congratulate the authors on this excellent piece of work. The authors found that intravenous albumin transfusion strategy has beneficial effects in patients with gastrointestinal bleeding and hypoalbuminemia. In patients with advanced hypoalbuminemia and ascites, hypervolemia occurs as a result of a decrease in effective circulating volume (ECV), profound hypoalbuminemia and activation of the renin–angiotensin–aldosterone system [2]. The ensuing loss of blood due to acute upper gastrointestinal bleeding will tend to cause a further reduction of ECV. This situation will cause systemic vasoconstriction, renal blood flow and a decrease of the granular filtration fraction, as well as renal water reabsorption by over-activation of the renin–angiotensin–aldosterone system. Also, more aggressive transfusion therapy without colloid oncotic pressure extenders will be locked in a vicious cycle of hypervolemia and ascites, and increased risk of adverse

events [3]. For these reasons, we agree with Dr. Cheng and colleagues that intravenous albumin transfusion strategy should be the main arm of therapy for management of advanced hypoalbuminemia.

Conflict of interest None.

References

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