

## **Abstract**

**Objective** With the advent of capsule endoscopy (CE) and double-balloon endoscopy (DBE), the diagnosis and treatment of obscure gastrointestinal bleeding (OGIB) have markedly progressed. However, rebleeding sometimes occurs and is difficult to diagnose and treat. The aim of the present study was to investigate the clinical features of OGIB and risk factors for rebleeding in our hospital.

**Methods** A total of 195 patients who underwent CE and/or DBE for OGIB in our hospital from January 2009 to July 2016 were included in the present study. We analyzed 168 cases of small intestinal OGIB, after excluding 27 cases of extra small intestinal bleeding. The clinical characteristics and risk factors related to rebleeding were retrospectively studied.

**Results** Among the 168 patients who were included in the analysis, 95 patients (56.5%) were male. The mean age was 64.5 years (range, 8 to 87 years). Hypertension (31.0%) was the most frequent comorbidity, followed by chronic kidney disease (19.0%). The final diagnoses were ulcerative lesions (n=50, 29.8%), vascular lesions (n=30, 17.9%), tumors (n=7, 4.2%), and diverticula (n=2, 1.2%). The bleeding source was undetermined in the remaining 79 cases (47.0%). Rebleeding was confirmed in 29 cases (17.3%). In a univariate analysis, chronic kidney disease, vascular lesions, and overt previous bleeding were significantly associated with the risk of rebleeding. A multivariate analysis showed

that chronic kidney disease, vascular lesion, and overt previous bleeding were significantly associated with the risk of rebleeding. **Conclusion** Patients with OGIB with overt previous bleeding, vascular lesions, and/or chronic kidney disease had a higher risk of rebleeding.