

A Comparative Analysis of Russian and Indian Guidelines for Gastroduodenal Bleeding

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Abstract

Upper gastrointestinal bleeding (UGIB) stays a significant medical emergency with substantial morbidity and mortality worldwide. While international organizations like the ESGE and ACG provide overarching frameworks, national guidelines often adapt these recommendations to fit local epidemiological profiles, resource availability, and healthcare infrastructure. Russia and India present an interesting dichotomy: both are large, diverse nations with rapidly evolving healthcare systems, yet they face distinct challenges in managing conditions like peptic ulcer disease and variceal haemorrhage.

Objective

This review aims to systematically compare and analyze the clinical guidelines for the diagnosis and treatment of gastroduodenal bleeding in Russia and India, finding key similarities, differences, and the underlying reasons related to infrastructure, resource availability, and clinical outcomes.

Materials and Methods

This review is done by a comparative analysis of the most recent official clinical guidelines from the Russian Gastroenterological Association (RGA) and the Indian Society of Gastroenterology (ISG). Key areas of comparison included: initial risk stratification (eg, Glasgow-Blatchford Score use), pre-endoscopic pharmacotherapy (proton pump inhibitors vs. vasoactive drugs), timing of endoscopy, criteria for endoscopic hemostasis (hemoclips, thermal coagulation, adrenaline injection), and thresholds for surgical or radiological intervention. We also analyzed recommendations about *Helicobacter pylori* testing and secondary prophylaxis. Sources were drawn from international databases (PubMed, Embase, Cochrane), Russian scientific databases (eLibrary.ru), and Indian sources (IndMed, regional journals) from 2010 to 2024.

Results

The analysis reveals both significant alignments and stark contrasts. Both guidelines emphasize early upper endoscopy (<24 hours) as the cornerstone of management. However, the Russian guidelines place a stronger emphasis on the use of somatostatin analogues for all high-risk UGIB, reflecting a broader approach to suspected variceal bleeding, while the Indian guidelines provide more nuanced, resource-stratified algorithms, particularly for endoscopic therapy in non-variceal bleeding. A notable divergence is seen in the approach to *H. pylori* eradication: the Russian protocol follows a more standardized triple therapy regimen, while the Indian guidelines account for rising antimicrobial resistance by recommending susceptibility-guided therapy or bismuth-based quadruple therapy as first-line options. Furthermore, the availability of interventional radiology (TIPS) is presented as a standard tertiary option in the Russian system, whereas in the Indian context, its use is more selectively recommended, primarily for refractory variceal bleeding in high-volume centers.

Conclusion

Structured protocols in both nations align with global standards (GBS, timely endoscopy, dual hemostasis, PPI, *H. pylori*), but India offers pragmatic outpatient/antithrombotic focus,

while Russia prioritizes hemodynamic urgency. Integrated use enhances outcomes in diverse settings.

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