Regarding the Glasgow Blatchford scale

Respecto a la escala de Glasgow Blatchford

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The work carried out by Olivarec et al. evaluated the ability of the Glasgow Blatchford score (GBS) to identify the risk of re-bleeding 30 days after upper gastrointestinal bleeding, and it was found to be useful; however, there is literature that contradicts this study.¹

Chang et al., on the contrary, demonstrate the importance of GBS for predicting mortality, need for blood transfusion and the need for endoscopic intervention; however, it is not useful for predicting the risk of re-bleeding, given that, in the study by Olivarec et al., they exclude the presentation characteristic parameter and comorbidities, in contrast to this study.²

Stanley et al. found that the *Progetto Nazionale Emorragia Digestiva* (PNED) score is superior to GBS for re-bleeding, due to the usefulness of re-bleeding and endoscopy within its score; in addition it predicted 7-day re-bleeding; however they conclude that no system predicts re-bleeding risk.³

Concurrently, Chandnani et al. conclude that PNED is better for evaluating re-bleeding in comparison with GBS, but when modified PNED (it does not include re-bleeding in its score) and GBS were compared, both had the same performance.⁴

Similarly, Lu et al., who compared GBS and the Rockall score (RS), which also uses endoscopy, when omitting this parameter (pre-endoscopic RS), found out that it is still better for predicting re-bleeding.⁵

Therefore, we must consider the use of other scales such as the above-mentioned for re-bleeding risk in order to prevent it and provide timely treatment.

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Conflict of interests

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Ethical disclosures

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