



New Trends and Advances in Non-Variceal Gastrointestinal Bleeding

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Message from the Guest Editor

A growing aging population consuming NSAIDs, antiplatelet agents, and anticoagulants are changing the face of the typical picture of upper GI bleeding seen only a few years ago, where *H. pylori*-related peptic ulcer was the most frequent cause of GI bleeding. Today, lower GI bleeding is more frequent than upper GI bleeding, probably as a result of the wide use of antisecretory agents, and a decrease in *H. pylori* infection. Obscure gastrointestinal bleeding is also frequent and represents a serious clinical challenge. This Issue focused on non-variceal GI bleeding should provide both original and review studies dealing with the most recent advances in the diagnostic and therapeutic procedures or pharmacological approaches for any type of non-variceal GI bleeding located in the upper, mid, or lower GI tract. Studies focused on new trends in epidemiology, pathogenesis, etiology, mucosal damaging agents, or prognostic tools, including those dealing with artificial intelligence or artificial neural networks, are also welcome. Finally, approaches or new ideas on the clinical management of frequent causes of gastrointestinal bleeding can be considered.





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