

ABSTRACT***THE SUITABILITY OF ENDOSCOPY PROCEDURE TOWARD SHEFFIELD SCORING IN CHILDREN WITH UPPER GASTROINTESTINAL BLEEDING AT DR. SOETOMO GENERAL HOSPITAL YEAR 2016–2018***

Background: Upper gastrointestinal bleeding is a problem that is rarely found in children, yet it can be life-threatening with global mortality rate ranges from 5% to 15%. The gold standard in managing upper gastrointestinal bleeding is through endoscopy. One way to determine whether endoscopy should be performed quickly is by using a scoring system. Thus, Sheffield scoring is the only method of assessment in children with gastrointestinal bleeding. **Objective:** To determine the suitability of endoscopy procedure toward Sheffield scoring in children with upper gastrointestinal bleeding at Dr. Soetomo General Hospital year 2016–2018. **Method:** This study is a retrospective analytic, using secondary data of medical records of children with upper gastrointestinal bleeding at Dr. Soetomo General Hospital year 2016–2018. **Results:** The majority of samples were male (70.2%). The common age-group was 5–9 years (35.7%). Clinical manifestations were predominantly hematemesis and melena (48.8%). Amongst the samples, 39.3% had a significant preexisting condition with 18 samples of malignancy and 13 samples of liver disease. Most (71.4%) samples had melena. A history of large amounts of hematemesis found in 77.4% samples. As many as 52.4% of samples experienced hemoglobin levels drop of >2 g/dl. Blood transfusion administered in 64.3% of samples. The total score of Sheffield in most (61.9%) samples was more than 8. Endoscopy was performed on 33.3% samples. The McNemar's test showed $p\text{-value}=0.002$ ($p<0,05$). **Conclusion:** The majority of samples had Sheffield score more than 8. Based on the results of the McNemar's test, it concluded that there was unsuitability between endoscopy and Sheffield scoring.

Keywords: Upper gastrointestinal bleeding, children, endoscopy, Sheffield scoring.