duodenoscopy (OGD). Those who did, had higher red cell transfusion requirements than those who did not (median 1050 [IQR 150–1650] vs 0 [IQR 0–675] mL; p=0.019). 67% (8/12) had oesophageal or peptic ulceration but only 25% (2/8) required endotherapy. There was one re-bleed which required further endotherapy and one required embolisation.

Overall mortality rate in the UGIB cohort is 43.1%. Increased age, heart rate and urea levels were significantly associated with death but not the UGIB status. LOS was prolonged in the UGIB group compared to the non-UGIB group (15 [IQR 8–27] vs 6 [IQR 3–14] days; p<0.001). Subgroup analysis of UGIB patients who underwent OGD compared to those managed conservatively showed no significant difference in mortality (44% vs 33%; p=0.735) or LOS (12 [IQR 4–28] vs 16 [IQR 8–27] days; p=0.349).

Conclusions The incidence of concurrent UGIB in patients with COVID-19 infection is low and our data suggests that UGIB does not increase the mortality rate in patients with COVID-19 but does increase LOS. Endoscopic intervention did not appear to affect mortality or LOS. Although numbers are small, this data suggests selection criteria used for endoscopy was justified.

**REFERENCE**