

# **The Glasgow-Blatchford Score in an African Emergency Department: A Systematic Review of its Clinical Utility for Upper Gastrointestinal Haemorrhage in Bamenda, Cameroon**

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## | Abstract

Upper gastrointestinal haemorrhage (UGIH) is a common and serious emergency in sub-Saharan Africa. Accurate early risk stratification is essential in resource-limited settings like Bamenda, Cameroon, to guide management. The Glasgow-Blatchford Score (GBS) is a pre-endoscopic tool validated in high-income countries, but its performance in African emergency departments needs evaluation. This review systematically assessed the published evidence on the clinical utility of the GBS for risk-stratifying adults with UGIH in the emergency department in Bamenda, Cameroon. It evaluated the score's performance in predicting outcomes and its applicability within local resource constraints. A systematic review was conducted following established guidelines. Multiple electronic databases were searched for relevant studies, published in English or French, applying the GBS in the emergency management of UGIH in Bamenda. Studies were screened, selected, and data extracted against pre-defined criteria. The quality of included studies was appraised. The search identified a limited number of applicable studies. The scarce available evidence suggested the GBS could identify a significant proportion of patients as low-risk. A consistent theme was its potential to safely reduce unnecessary hospital admissions, with one study indicating over 30% of patients might be managed as outpatients. Data on its predictive value for mortality or re-bleeding in this specific setting were insufficient. Evidence

on GBS use in Bamenda's emergency department is limited. Preliminary findings indicate a possible role in identifying low-risk patients to optimise bed usage. Its broader clinical utility for predicting adverse outcomes in this population remains uncertain due to a lack of robust local validation. Further, well-designed prospective studies are required to validate the GBS in this setting. These should assess its predictive accuracy for clinical endpoints like mortality and re-bleeding. Implementation research is needed to explore the feasibility and impact of integrating the score into local clinical pathways. Glasgow-Blatchford Score, upper gastrointestinal haemorrhage, risk stratification, emergency department, Cameroon, resource-limited setting. This review consolidates the limited available evidence on the Glasgow-Blatchford Score in an African emergency context, highlighting critical evidence gaps and guiding future research priorities for its use in Bamenda, Cameroon.

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