Bacteraemia & Bacterial Peritonitis In Patients Under Going Endoscopic Variceal Band Ligation

Thesis

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LIST OF ABBREVIATIONS

CNNA:	Culture negative neutrocytic ascites
DSRS:	Distal splenorenal shunts
EVL:	Endoscopic variceal ligation
EVS:	Endoscopic variceal sclerotherapy
FHVP:	Free hepatic venous pressure
GIT:	Gastrointestinal tract
H. sig:	Highly significant
HVPG:	Hepatic vein pressure gradient
IVC:	Inferior vena cava
MNB:	Monomicrobial non-neutrocytic bacterascites
N. Sig:	Non significant
PMNL:	Polymorphonuclear leucocyte
PVP:	Portal vein pressure
SBP:	Spontaneous bacterial peritonitis
Sig:	Significant
US:	Ultrasound
WBC's:	White blood cells
WHVP:	Wedged hepatic venous pressure

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INTRODUCTION & AIM OF THE WORK

Bacteremia is reported to occur after many endoscopic procedures. Diagnostic upper GIT endoscopy is associated with certain percent of bacteremia and variceal sclerotherapy, esophageal dilatation, lasar or thermal interferences increases this risk. Although bacteremia after sclerotherapy was believed to be transient lasting up to 30 minutes, peaking at 5 minutes. Post sclerotherapy sepsis has been reported in many cases (**Chi-Chuan et al., 1992**).

Endoscopic elastic band ligation of esophageal varices offers an alternative way of controlling active variceal bleeding and eradicating varices. The incidence of non-bleeding complications associated with band ligation is low. But the incidence of bacteremia after endoscopic band ligation is unknown. We therefore established this prospective study to asses this problem.

A study was performed at Boston concerned with bacteremia after band ligation. They concluded that bacteremia from endoscopic band ligation of esophageal varices appears to be a rare complication. However, the number of patients in the study was small (17 patient) so they recommended further studies with greater number of patients to confirm their findings (**Chi-Chuan Tseng et al., 1992**).

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