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LIST OF ABBREVIATIONS

ALT	:	Alanine transaminase
AP	:	Alkaline phosphatase
AST	:	Aspartate transaminase
AT-III	:	Antithrombin III
Ø	:	Bilharziasis or Bilharzial
Bl. urea	:	Blood urea
D.b	:	Direct serum bilirubin
DIC	:	Disseminated intravascular coagulation
EACA	:	Epsilon Amino-caproic acid
EVL	:	Endoscopic variceal ligation
FDPs	:	Fibrin(ogen) degradation products
Hb	:	Haemoglobin
HB s Ag	:	Hepatitis B surface antigen
HB s Ab	:	Hepatitis B surface antibody
HB e Ag	:	Hepatitis B "e" antigen
I.V.	:	Intravenous
O ₂	:	Oxygen
PAI	:	Plasminogen activator inhibitor
PLT	:	Platelet
PT	:	Prothrombin time
PTT	:	Partial thromboplastin time
r.p.m.	:	Rotation per minute
S. alb.	:	Serum albumin
S. creatin.	:	Serum creatinine
S.D.	:	Standard deviation
T.b.	:	Total bilirubin

T.E. : 0.75% tetradecyl sulfate +
 47% ethanol and saline
T.E.S : 1% tetradecyl sulfate +
 32% ethanol and saline
TLC : Total leucocytic count
TP : Total serum proteins
TT : Thrombin time
TTD : 0.5% tetradecyl sulfate +
 50 units/ml topical thrombin in 50%
 dextrose
VWF : Von Willibrand factor.
> : More than
< : Less than

**INTRODUCTION
AND
AIM OF THE WORK**

INTRODUCTION

Haemorrhagic manifestations are a common complication and a major cause of morbidity and mortality in patients with chronic liver diseases, mainly when complicated by portal hypertension and oesophageal varices.

(Classen et al., 1986)

Recently, it has been reported that patients with chronic liver diseases, especially cirrhosis, demonstrate impairment in their fibrinogen survival as well as their fibrinolytic system. This makes these patients more prone to develop DIC on exposure to precipitating factors including sepsis, shock, hypotension, endothelium injury as well as others. (Van-Dewater et al., 1986; Carr, 1989).

Endoscopic sclerotherapy represents a therapeutic advance in the management of oesophageal varices for both the acute bleeding and the prevention of recurrent bleeding.

(Hootegem et al., 1984)

Endoscopic sclerotherapy carries a complication rate of 5-15%. These include local complications at the site of injection as well as systemic complications due to dissemination of injected material mainly with intravariceal injection. (Ayres et al., 1983; Bellary and Isaacs, 1990)

Although coagulation abnormalities including DIC have been suspected following sclerotherapy, still this

has not been definitely proved, and various results have been reported by different workers.

(Hedberg et al., 1982)

AIM OF THE WORK

The aim of the present study is to examine patients with oesophageal varices subjected to endoscopic sclerotherapy for the possible development of post-sclerotherapy disseminated intravascular coagulopathy.

REVIEW OF LITERATURE