STUDY OF OESOPHAGEAL MOTILITY IN CIRRHOTIC PATIENTS BEFORE AND AFTER PROPHYLACTIC ENDOSCOPIC VARICEAL LIGATION

Submitted In Partial Fulfillment of M.D. Thesis In Tropical Medicine

By

Mohsen Ragheb Mohamed

M. Sc. Of Tropical Medicine

Supervisors

Dr. IMAN ISMAIL RAMZY

Prof. Of Tropical Medicine Faculty of Medicine Cairo University

Dr. Bahaa Abbas Yahia

MD, MRCP (UK), FRCP (London) Head of Medical Dept. & GI Unit Air Force Hospital

Dr. Hesham El Makhzangy

Lecturer of Tropical Medicine Faculty of Medicine Cairo University

بسو الله الرحمن الرحيو "ويسئلونك عن الروح قل الروح من امر ربى وما أوتيتم من العلم إلا قليلا"

صدق الله العظيم

سورة الإسراء- ايه ٨٥

To my Family

My Parents, who gave me the freedom to reach and grow but who picked me when I stumbled or fell.

My wife, for her continuous support.

AKNOWLEDGEMENT

I wish to express my gratitude &sincere thanks to Dr.Iman Ramzy professor of Tropical Medicine, Cairo University for her kind assistance, support &supervision which were essential for completion of this work.

I would like to gratify Dr.Bahaa Abass Yahia professor and head of int.medicine &GI unit Air Force Hospital for his kind care, guidance&reassurance.

I extend my thanks to Dr. Hesham El-Makhzangy Lecture of Tropical Medicine, Cairo University for his honest helped and valuable suggestions which were essential for completion of this work.

I wish to express my sincere thanks to all members department of Int.Medicine &GI unit Air Force Hospital for Their help through the work.

Abstract

Our study was conducted on 90 subjects attending Air Force Hospital, in the period from 2003 to 2007; they were divided into 3 groups.

Group (1) liver Cirrhosis with large oesophageal varices showing signs of impending rupture consisted of 50 patients.

Group II: liver Cirrhosis without oesophageal varices consisted of 20 patients.

Group (III): Healthy volunteers consisted of 20 subjects.

Key Words:

Arterial portography - Budd-Chiari syndrome - carbon monoxide .

CONTENTS

	Page
-Introduction:	1
-Aim of the work	4
	4
-Review of literature	
-Portal hypertension	5
- Anatomy	5
-Definition	8
- Causes	8
- Pathology	13
- Pathogenesis	15
- Clinical presentation	27
- Measurement of portal hypertension	28
- Diagnosis	30
OESOPHAGEAL VARICES	38
- Anatomic Considerations	38
- Pathology	42
- Pathophysiology	43
- Natural history of varices in cirrhosis	45
1- Development of varices	45
2-Pathophysiology of Bleeding	45
3- Risk factors for first variceal bleeding	48
- Diagnosis of esophageal varices	52
- Treatment	58
- Primary prophylaxis of variceal bleeding in cirrhosis	64
*Beta- Blockers	66
* Other drug therapeutic options	66
A: Organic nitrites: IMN compared to beta blockers	67
B: Spironolacton and beta-blockers compared with beta-blockers alone	67
C: Calcium-channel blockers (verapamil)	67
* New drugs to treat portal hypertension	67

- Primary Endoscopic Prevention of Variceal Hemorrhage	79
1-Prophylactic Endoscopic Variceal band ligation	79
2- Prophylactic Endoscopic Sclerotherapy	85
- Management of Acute Variceal Bleeding	87
1- Pharmacological therapy	87
2- Endoscopic therapies	88
(a) Endoscopic injection Sclerotherapy	88
(b) Endoscopic Banding Ligation	89
(c)New prospects in the management of acute variceal bleeding	90
- Secondary prophylaxis of variceal hemorrhage	91
- Oesophageal motility	93
* Anatomy	93
* Physiology of the esophagus	94
-Oesophageal Manometry	107
- Factors Affecting esophageal motility	114
-Motility disorders of the esophagus	118
- Gastro-Oesophageal reflux	134
- Oesophageal impedance	147
- Oesophageal motility in Cirrhotic Patients	152
- Endoscopic injection Sclerotherapy and oesophageal motility	156
- Endoscopic band ligation and oesophageal motility	161
Subjects and Methods	168
Results	181
Discussion	244
English summary	256
Conclusions& Recommendations	258
REFRENCES	260

Arabic summary

List of Tables

Review of literature Table 1: Severity scores used for calculating the Child-Pugh score.	Page 50
Table 2: British Society of Gastroenterology guidelines on the indicator of oesophageal Manometry	tions 109
Table 3: Manometric classification of oesophageal motility	
Abnormalities (adapted from Castell and Castell)	131
Results:	
Table (1): the personal characteristics of the 3 studied groups	181
Table (2): Frequency of historical findings in group (1) & (2) at study	start of 182
Table (3): Frequency of clinical signs in group (1) & (2) at start of stu 183	ıdy
Table (4): Analysis of difference in laboratory findings in group 1 & 184	group2
Table (5): Analysis of difference in laboratory findings in group 1 after EVL)	before 185
Table (6): viral markers (HCV&HBV) in group1&2 at start of study Table (7): ultrasonographic findings in group 1(before EVL) &Group 187	186
Table (8): ultrasonographic findings in group 1(before &after EVL)	188
Table (9): Analysis of Endoscopic finding in EVL group	190
Table (10): congestive gastropathy	191
Table (11): Frequency of symptoms-related motility in group 1 (befo EVL)	r&after 191

Table (12): Frequency of different complications following Endoscopic band ligation 192
Table (13): Cases of first GI bleeding following Endoscopic band ligation 194
Table (14): LES pressure in ascetic and non ascetic patients of group (1)195
Table (15): Mann-Whitney test to compare percentage of abnormal wave in ascetic and non ascetic patients of group (1) 196
Table (16): Oesophageal motility in group (2) & (3)
Table (17): Mann-Whitney test to compare percentage of abnormal wave in group 2&3
Table (18) Oesophageal motility in group 1(before EVL) & group 3 199
Table (19): Mann-Whitney test to compare percentage of abnormal wave group 1 (before EVL) & group3 200
Table (20): Oesophageal motility in group 1(before EVL) & group 2 201
Table (21): Mann-Whitney test to compare percentage of abnormal wavegroup 1(before EVL) & group 2202
Table (22): Oesophageal motility in group 1(before EVL)Child A&B 203
Table (23): Mann-Whitney test to compare percentage of abnormal wavegroup 1(before EVL) Child A&B204
Table (24): Oesophageal motility in group 1(before EVL) Child A&C 205
Table (25): Mann-Whitney test to compare percentage of abnormal wavegroup 1 (before EVL) Child A&C206
Table (26) Oesophageal motility in group 1(before EVL) Child B&C 207
Table (27) Mann-Whitney test to compare percentage of abnormal wave in

208

group 1 Child B and Child C

Table (28) Impact of band ligation oesophageal motility (paired test)	209
Table (29) Mann-Whitney test to compare percentage of abnormal wave group 1(before &after EVL)	210
Table (30) Wilcoxon signed ranks test to compare percentage of abnorm wave in group 1(before &after EVL)	nal 211
Table (31) Oesophageal motility in group 1 after EVL with and without motility-related symptoms	212
Table (32) Mann-Whitney test to compare percentage of abnormal wave	e
group 1 after EVL with and without motility-related symptoms	213
Table (33) Oesophageal motility in group 1(after EVL) & group (3)	215
Table (34) Mann-Whitney test to compare percentage of abnormal Wav	re
group 1(after EVL) & group (3)	216
Table (35) Oesophageal motility in group 1(after EVL) & group 2	217
Table (36) Mann-Whitney test to compare percentage of abnormal wave	e
group 1(after EVL) & group (2) group	218

List of Figures

	Page
Review of literature:	
Figure 1:	
Schematic representation of the Pathophysiology of portal hypertension.	. 14
Figure 2:	
A: Normal sinusoidal architecture.	17
B: Sinusoidal architecture during liver injury.	
Figure 3: Modulation of contraction/relaxation of activated HSC.	18
Figure 4: Proposed scheme of nitric oxide and super oxide signaling.	21
Figure5: Anatomical lower Oesophageal sphincter.	104

Results:

Figure (1): Child classification of patients in group1&2 at start study	
Figure (2) Child classification of bleeders and non-bleeders patients	193
Figure (3): Frequency of historical findings in group (1) & (2) at star study	
Figure (4): Frequency of clinical signs in group (1) & (2) at start study	9
	20
Figure (6): Analysis of difference in laboratory findings in group 1 before after EVL 22	re & 20
Figure (7) Analysis of HCV&HBV in group1&2 at start of study Figure (8): Analysis of ultrasonographic findings in group 1(before EVL Group 2 22	-
Figure (9) ultrasonographic findings of portal vein diameter in group before EVL and group 2	p 1 222
Figure (10) Analysis of ultrasonographic findings in group 1(before EVL)	
Figure (11): Impact of EVL on portal vein diameter 2	223
Figure (13): Oesophageal motility in group 1 child A &C	223 224
Figure (14): Oesophageal motility in group 1 child B &c 2 Figure (15): Oesophageal motility in group 1 ascites & non -	224
	225
Figure (16): Oesophageal motility in group 2& 3	225
Figure (17): Mann-Whitney test to compare percentage of abnormal w group 2 &3	
Figure (18): Oesophageal motility in group 1(before EVL) &	
group 3	26

- **Figure (19):** Mann-Whitney test to compare percentage of abnormal wave group 1(before EVL) & group 3
- **Figure (20):** Oesophageal motility in group 1(before EVL) & group 2 227
- **Figure (21)** Mann-Whitney test to compare percentage of abnormal wave group 1(before EVL) & group (2) group 228
- **Figure (22)** Impact of band ligation on Oesophageal motility 228
- **Figure (23)** Mann-Whitney test to compare percentage of abnormal wave group 1(befor&after EVL) 229
- **Figure (24)** Frequency of symptom-related motility in group (1) befor&after EVL 229
- **Figure (25)** Oesophageal motility in group with symptoms & no symptoms 230
- **Figure** (26) Oesophageal motility in group 1(after EVL) & group (3)
- **Figure (27)** Mann-Whitney test to compare percentage of abnormal wave group 1(after EVL) & group (3) group 231
- **Figure** (28) Oesophageal motility in group 1(after EVL) & group (2)
- **Figure (29)** Mann-Whitney test to compare percentage of abnormal wave group 1(after EVL) & group (2) group 232

List of Photo

	Page
Review of literature:	
Photo (1): portal venous system.	8
1-Material& Methods:	
Photo (1): water infusion system for esophageal Manometry.	179&180
2-Results:	
Photo (1): normal LES in group 3(healthy group)	233
Photo (2): normal LES in group 2(liver cirrhosis without O.V	234
Photo (3): normal LES in group1 before EVL	235
Photo (4): normal LES after EVL	236
Photo (5): normal esophageal body amplitude in group (3) with no	rmal
peristalsis	237
Photo (6): normal esophageal body amplitude in group (2) with no	rmal
peristalsis	238
Photo (7): Body amplitude before EVL show weak middle and dis-	tal
amplitude with abnormal wave	239
Photo (8): group (1) after EVL show weak amplitude in middle	
esophagus	240
Photo (9): normal amplitude in distal esophagus after EVL	241
Photo (10): EGD image of esophageal varices with prominent red	wale
spots	242
Photo (11): Band ligation of esophageal varices	242
Photo (12): Esophageal varices seven days post banding, showing	ulceration
at the site of banding	243

List of abbreviations

ALT-SGPT: alanin aminotransferase

AP: Arterial portography

AST- SGOT: aspartate aminotransferase

AT-II: angiotensin-II

B.C.S.: Budd-Chiari syndrome

BH4: tetrahydrobiopterin CI: confidence interval CO: carbon monoxide

CT: Computed tomography

DES: Diffuse esophageal spasm

DPC: deglutitive peristaltic contractions EIS: Endoscopic injection Sclerotherapy eNOS: endothelial nitric oxide synthase

ETs: endothelins

EUS: endoscopic ultrasonography EVL: variceal endoscopic ligation FHVP: free hepatic vein pressure

GERD: Gastro-esophageal reflux disease

GEV: Gastroesophageal varices GFR: Glomerular filtration rate. GIP: gastric inhibitory peptide

HBV: hepatitis B virus HCV: hepatitis C virus HO: haeme-oxygenase HSC: Hepatic stellate cells

HVPG: hepatic venous pressure gradient IHVR: Intrahepatic vascular resistance

IMN: Isosorbid mononitrate ICUs: Intensive care units ISMN: Iso-sorbid mono-nitrate

IVC: Inferior vena cava

LES: Lower Oesophageal Sphincter L-NMMA: monomethyl-L-arginine

LT: leukotrienes.

MRA: magnetic resonance angiography MRI: Magnetic resonance imaging