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COEFECT CARGINATION

THE ROLE OF INJECTION SCLEROTHERAPY IN BLEEDING OESOPHAGEAL VARICES

ESSAY

BIENNY

Submitted in Partial Fulfillment of Master's Degree (General surgery)

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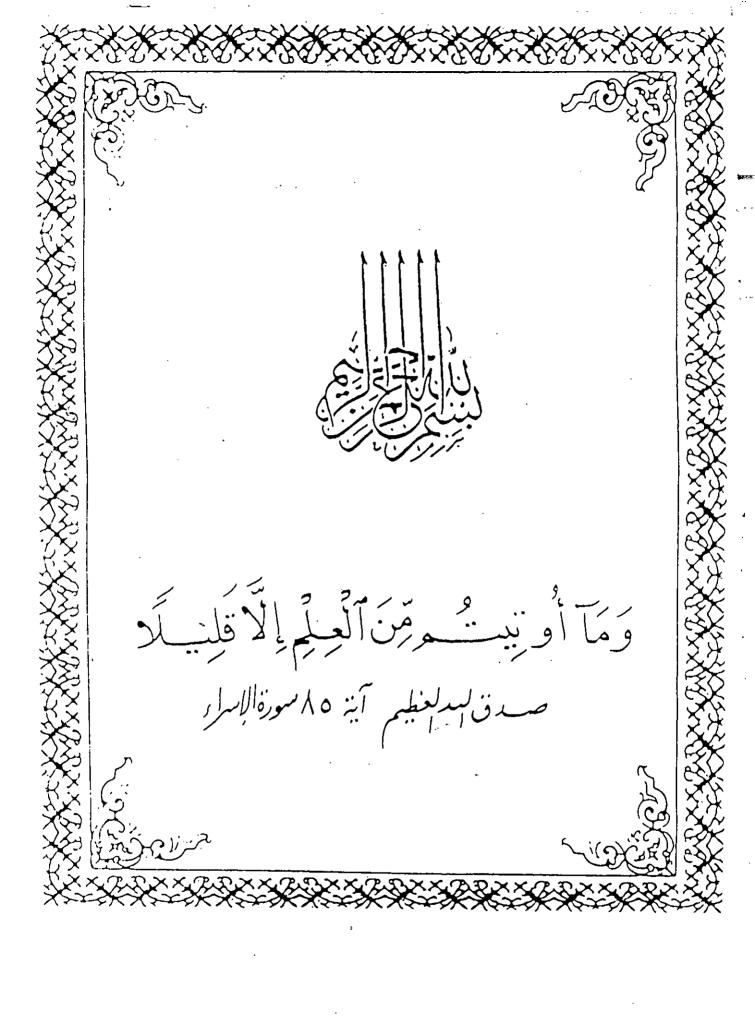
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TO THE SPIRIT OF MY PROFESSOR DR. OSAMA BAHGAT

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INTRODUCTION

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In Egypt, oesophageal varices are the commonest cause of upper gastrointestinal bleeding.

It is found that oesophageal varices accounted for the bleeding in 68.2% of patients who presented with hematemesis (Khalil and Fadali, 1962).

The prognosis of bleeding varices is much more serious than that of bleeding peptic ulcer. The reported fatality rates of hemorrhage in cirrhosis range from 40% to 60% (*Hussein and Rifaat*, 1962).

The initial management of bleeding varices is restoration of blood volume, prevention of intestinal protein breakdown and arrest of hemorrhage (Yassin and Sherif, 1983).

Balloon temponade is effective but the incidence of re-bleeding after release of pressure was recorded to be 58% by *Barsoum et al.* (1982a).

Vasopressin and somatostatin controls hemorrhage in only about half of the patients. When given either as a bolus or an intravenous infusion (Conn, 1982).

Sclerotherapy has been reviewed in recent years because of increasing dissatisfaction with shunting procedures and is currently used either to buy time for patients so that elective surgery may be carried out subsequently or for those patients with poor liver function whom no other

form of therapy is possible or to stop bleeding during the acute attack (Terblanche et al., 1979).

It is simple and rapid way of arresting bleeding from varices and is now being practiced in many centres.

AIM OF THE WORK

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This work aimed at studying the problem of bleeding oesophageal varices by :

- Studying the different modalities of diagnosis of oesophageal varices.
- Evaluating injection sclerotherapy as a modality of management of bleeding oesophageal varices.