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Management of acute variceal bleed by esophageal variceal ligation: A Comparative prospective study between the conventional position and an unconventional position with stratified benefits

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Acute variceal bleed is a fatal complication in patients with liver cirrhosis, and it is important to achieve hemostasis at the earliest. Endoscopic variceal ligation is a preferred modality in controlling variceal bleed. The blood pool in esophagus and oozing of blood from varices cause hindrance for variceal ligation leads to failure of therapy. With this background, endoscopic variceal ligation of patients in sitting position was done and results were analyzed. Cirrhotics presenting with hematemesis were included in the study. Amongst them, patients having hypotension and hepatic encephalopathy were excluded. Initial endoscopic assessment was done in left lateral position; patients with isolated gastric variceal and ulcer bleed were further excluded. Amongst 98 acute bleed patients selected, 28 fulfilled the inclusion criteria for the study. They were divided into two groups of age and CTP score matched groups of 14 in each arm. In the first group, during endoscopy, position was shifted from conventional left lateral position to sitting posture and improvement in field of vision was noted as the blood moved to stomach by gravity and band ligation was done. Initial assessment during the study revealed: Better visibility aiding the procedure, no aspiration during the procedure, duration of band ligation was comparable to that of non-bleeders and additional sclerotherapy was not required in any case. In the second group, EVL was done in conventional left lateral position and it was noted that procedure time was delayed and three patients' required additional sclerotherapy and two patients had recurring bleed within 48 hours of procedure. Following the procedure, patients were observed for five days. There was no failure of therapy in the first group, which was analyzed according to Baveno vi consensus. There was one death in each arm. In the unconventional position group, death was due to sepsis and metabolic acidosis causing death and second group, death was renal failure and shock. This study suggests, endoscopic variceal ligation in sitting position, in suitable patients helps in achieving hemostasis early with least complications.

Biography

Prithvipriyadarshini Shivalingaiah is a Medical Gastroenterologist, working as a consultant in Narayana multispeciality Hospital in Mysore, India since 3 years. Having completed MD in internal medicine in the year 2010 and DM-Superspeciality and DNB in Gastroenterology in the year 2015 and 2016 from Bangalore. She is well versed with clinical gastroenterology and Hepatology as well as performs therapeutic endoscopic procedures like endoscopic variceal ligation, sclerotherapy, ERCP, stenting, dilatations of strictures, colonoscopic polypectomies, APC and so on. She has over four publications and presented at CMEs and conferences across India. Presented at Asia pacific Liver conference- APASL 2017 held in China. A good speaker and orator who has given talks in various medical as well as general gatherings, both in rural and urban areas to raise awareness on health issues in India. She has organised and been a part of various charity health camps across rural India.

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