

The role of therapeutic endoscopy in the management of oesophageal varices in children and adults: does it mean no more open surgery?

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Oesophageal varices is the commonest cause of acute upper gastrointestinal bleeding in Sri Lanka. Endoscopic sclerotherapy (EST) and rubber band ligation (RBL) have become the main treatment modalities, as they carry a lower morbidity and mortality compared to shunt surgery.

Objectives: To analyse the outcome of endoscopic treatment of oesophageal varices in patients referred to our unit.

Design, setting and methods: This was a prospective study carried out over an 18 month period. All data were entered into a pre-formatted data sheet. The procedures were done under topical anaesthesia in adults and general anaesthesia with endotracheal intubation in children.

Results: A total of 70 procedures were carried out in 40 patients (26 adults and 14 children). This included 55 sclerotherapy sessions and 15 band ligations. Male to female ratio was 26:14. Median age was 24 years (range, 1 year to 73 years). This included 50 elective and 20 emergency procedures. Emergency EST failed in one patient and one patient developed a massive haematemesis following elective EST. Both subsequently underwent open surgery. Followup ranged from 6 to 12 months. Total resolution of varices occurred in 16 patients. One patient became pregnant but had an uneventful pregnancy.

Conclusions:

1. EST and RBL are effective methods of controlling haemorrhage from oesophageal varices in children and adults.
2. Low morbidity and no mortality of these techniques make them the treatment of choice compared to open surgery which carries a higher morbidity and mortality.
3. These techniques, especially in children will enable the bleeding to be controlled until collateral channels develop, thus avoiding major shunt surgery.