INTRODUCTION

Management of variceal haemorrhage (VH) remains controversial and often has disappointing results. Hospital mortality is a high as 50% (Nouis et al., 1976). Balloon tamponade is unsuccessful in arresting haemorrhage in 40% to 94% of cases, but recurrence rates after decompression are 6% to 70% [Eeres et al., 1978; Hunt et al., 1982 and Chogkier et al., 1980). Although some investigators report control of variceal haemorrhage (VH) in 50% to 71% of patients treated with vasopressin (Conn et al., 1980 & Chogkier et al., 1979). Its efficacy has recently been challenged (Fogel et al., 1982). Despite advocacy by some, most autherities consider portacaval shunt surgery to variceal haemorrhage (VH) on an urgent bases to be associated with excessive mortality, and they prefere to wait until the haemorrhage and its consequence are controlled. More recently, endoscopic variceal sclerotherapy (EVS) has received increasing attention as haemorrhage (VH) and prevent recurrent bleeding.

AIM OF THE WORK

The purpose of thesis will include the study of:

1. Effectiveness of variceal sclerotherapy in control and prevention of bleeding.
2. Comparison between the results of the intravariceal and perivariceal ingestion.

3. Comparison between ethanolamine oleate & sclerovein in sclerotherapy.
4. Incidence of complications of the procedure.
5. Results of the out-patients clinic management.