



INTRODUCTION

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Bleeding oesophageal varices is one of the major health problem in Egypt . In addition to other causes of portal hypertension, Hepatic Schistosomiasis is exceedingly contributing , The combination of prevalence and young age affection makes this potentially lethal condition, a national problem.

Variceal bleeding has a high mortality , as the majority of patients have cirrhosis, with hepatic coma, renal Failure , ascites and clotting deficiencies as complicating factors. bleeding varices must therefore be treated as an emergency . Resuscitation, endoscopic diagnosis and haemostasis are the cornerstones of treatment. once bleeding varices have been identified , attempts to stop the bleeding must be made at once as this will lessen the chances of hepatic failure developing .

Endoscopic sclerotherapy at the time of diagnosis is the best available treatment at present, although profusely bleeding varices can be difficult to see and inject . in these circumstances the passage of a sengstaken tube should stop the bleeding , allowing later sclerotherapy to be successful. portacaval shunting and the distal splenorenal shunt involve arduous surgery and followed by a significant incidence of hepatic encephalopathy; they should be reserved for these few cases when simpler

measures have failed , although shunts do lead to permanent decompression of the portal system . The acute variceal bleed may also be dealt with pharmacologically . Vasopressin, used in combination with nitroglycerin to lessen the harmful side effects, is cheaper and as effective as terlipressin or somatostatin and its synthetic analogue octreotide. Several courses of injection sclerotherapy will be required to eliminate oesophageal varices. Thereafter , long term follow up will be necessary to deal with any recurrence . The place of non- selective beta - blockers is still contentious, but they do reduce portal pressure and may lessen the chance of rebleeding . there is also a growing role for hepatic transplantation, which, not only eliminates the varices but also restores Liver functions to normal and greatly reduces the risk of subsequent hepatoma development (Rose and Smith, 1991).

One of the non shunting operations described to control haemorrhage , usually when a trial of medical treatment has failed , have considered of a direct approach to the bleeding by variceal ligation or oesophago-gastric transection (Wexler, 1983). A Simplified technique of separating the portal blood bed completely from the oesophageal varices by resecting a full - thickness of oesophagus without an oesophageal suture line was described by Boerema and colleagues, 1970; who used button anastomosis technique . Cooperman et al., 1980, reported his experience in oesophageal transection using the EEA stapler