

INTRODUCTION

Variceal bleeding is still a life-threatening complication of portal hypertension responsible for an appreciable rate of morbidity and mortality (**Drugs. 2008**)

A person with esophageal varices often has serious medical problems due to liver disease. The outcome is generally poor unless a liver transplant is performed. Even after treatment, recurrent bleeding from esophageal varices is common and may lead to death. (**J. Fenyves. et al, MD 2006**)

Because of the frequency and severity of recurrent variceal bleeding, effective preventive treatment is mandatory in patients surviving an episode of acute variceal bleeding. This may include one of the following options: Elective portocaval shunt, distal splenorenal shunt, Devascularization procedures, Sclerotherapy, Endoscopic variceal banding ligation and Transjugular Intrahepatic Portal-Systemic Shunt may be indicated if medical treatment or endoscopic therapy is ineffective. (Lay CS. Feb 2006.et al) (**Gluud LL. Dec 2007**) (**Nakamura S.Jun 2008**)

There are several ways to avoid bleeding esophageal varices. They can be prevented by avoiding liver diseases that are caused by long-term alcohol abuse and viral hepatitis. (**Jeff Fenyves, MD 2006**).

Treating the causes of liver disease may prevent bleeding. Preventive treatment of varices with medications such as beta-blockers or with endoscopic banding may help prevent bleeding. Liver transplantation should be considered for some patients. (**Goldman L. 2007.et al**).

The Aim of the Study

This study aims to clarify the methods of primary and secondary prevention of esophageal varices to achieve the best quality of life and to reduce the rate of morbidity and mortality.