

SUMMARY AND CONCLUSION

We studied 40 cases with recurrent gastrointestinal bleeding due to oesophageal varices in bilharzial hepatic fibrosis. Our cases were selected from Benha University Hospital.

- We divided the cases into two groups:

1) 20 patients with bilharzial hepatic fibrosis without sclerotherapy (19 male and one female)

Their age ranged from 22-65 years with the mean of 39.5 .

2) 20 patients with bilharzial hepatic fibrosis after sclerotherapy (all of them were males)

Their age ranged from 28 - 64 with the mean of 46.5.

- All patients examined clinically and endoscopically, biopsies were taken from their stomach.
- From history and clinical examination, all patients were presenting by upper gastro-intestinal symptoms.
- Our case were subjected to through history taking and medical examination.

- . Routin laboratory investigations were performed to every case and liver biopsy were done.
- . Haemoglobin percent was increased in all patients, after sclerotherapy mean value was 67.85 % in group one and 75.6 % in group two.
- . RBC'S count was increased also in all patients, after sclerotherapy. mean value was 3.792.500/Cu ml in group one and 4.537.500 in group two.
- . Endoscopic examination reveiled oesophageal varices of different degree in group one but in group two we reveiled oesophageal varices of different degree, one case of diverticulum of the lower oesophagus, one case showed active bleeding and one case showed hyperaemis mucosa.
- . In the stomach there were gastritis in 35 % of cases 65 % were free and in group two. there were in group one gastric varices in 5 % of cases congested gastric mucosa in 20% of cases and 80 % of cases were free.

- . Histopathological examination revealed in the fundus of group one and group two were columnar metaplasia in 40 %, 50 % of cases, chronic superficial gastritis in 20 %, 15% of cases, slight atrophic gastritis in 5 %, of cases, congestion in 40%, 75% of cases, oedema in 10%, 30% of cases, cellular infiltration in 25%, 20% of cases and fibrosis in 15%, 25% of cases.
- . We found in the antrum of group one and group two columnar metaplasia in 15 %, 15 % of cases, no cases of congestion, oedema in 10 %, 15 % of cases, cellular infiltration in 10 %, 15 % of cases and fibrosis in 5% , 10% .
- . We concluded that patients with gastric lesions in bilharzial hepatic fibrosis may present by upper gastro-intestinal symptoms which may related to these change. The changes in our work were congestive gastropathy more than inflammatory.

Also we concluded that the use of sclerotherapy for bleeding of oesophageal varices combined with

regular endoscopic follow up has provided a unique opportunity to study the progression of changes occurring in the gastric mucosa.

We conclude that ectasia was more prominent than gastritis, this difference was more prominent after sclerotherapy, hence the term of congestive gastropathy appears to be more appropriate.

Also, we conclude that haemorrhagic congestive gastropathy is so important as gastro-oesophageal varices and the basis of the therapy must be the early institution of measures which effect a reduction of portal pressure. Sclero-therapy is considered as double ended weapon. While it increases long term survival it increases the incidence of gastropathy.