

SUMMARY AND CONCLUSION

This study was performed on 45 patients attending Benha University hospital suffering from chronic liver disease with and without history of haematemesis and/or melena and 15 cases with no gastrointestinal signs and symptoms as a control group.

All groups were subjected to routine liver function tests. Coagulation studies and determination of occult blood in the stool. Upper gastrointestinal endoscopy and then patients were divided into four subdivisions (each one is 15 patients).

The first group (A): is patients having chronic liver disorder with history of bleeding oesophageal varices.

The second group (B): is patients having chronic liver disorder and oesophageal varices without history of haematemesis and/or melena.

The third group (c): is patients having chronic liver disorders without oesophageal varices.

The fourth group (d): is the control group with no gastrointestinal signs and symptoms.

The results obtained from this study revealed the following:

- * Significant elevation in the level of serum transaminases, serum bilirubin, and serum alkaline phosphatases in all groups more than the control. There was also significant elevation in level of transaminases in those with history of bleeding varices than those without varices.

- * Significant prolongation of P.T.T., P.T. in all groups with and without bleeding more than control. Prolongation in P.T.T. was more significant in patients with history of bleeding than in those without.
However, there was no significant change in P.T. between the bleeding and non bleeding patients.
- * Significant prolongation of bleeding time in patients with bleeding oesophageal varices more than that of the control and non bleeders.
- * Significant reduction in platelets count was observed in all groups of patients of chronic liver disorders. This reduction was more significant in patients with history of haematemesis and/or melena than in those without.
- * The results also showed that occult blood in stool of patients with history of bleeding was statistically more significant as compared to those without such history.

These results therefore stimulate the attention of clinicians to investigate bleeding from G.I.T. in patients with chronic liver disorders even without frank blood loss manifested as haematemesis and/or melena.

Early correction of coagulation disorders by giving vit K, platelets transfusion and fresh frozen plasma is of a great value. Meanwhile, management of associated pathological condition such as chest infection, urinary tract infection. G.I.T. problem etc may save the life of many patients. Follow up of these cases by laboratory investigation and sclerotherapy of oesophageal varices even in those oozing minute bleeding may help for better prognosis of such patients.