INTRODUCTION AND AIM OF THE WORK

Chronic liver disorders due to schistosomal liver fibrosis and/or hepatic cirrhosis are widespread in Egypt. Early diagnosis and prompt management protect the patient from serious complications as bleeding from gastrointestinal tract which may be fatal. Attention of clinicians has much been paid to bleeding from oesophageal varices *(Retor et al., 1985).* Though bleeding from elsewhere in the gastrointestinal tract due to coagulation disorders is almost certain *(Audhuy et al., 1984).*

Different incidences of bleeding from oesophageal varices associated with bilharzial hepatic fibrosis have been reported by several authors to be 12.5% *(Shoeb et al., 1964),* 28.3% *(El-Roby, 1967),* 30% *(Hassab, 1969),* 62% *(Yassin and Sherif, 1981).*

Several hypothesis have been cited for the predisposing factors of variceal haemorrhage, there include deterioration of hepatic function *(Joly et al., 1971).* Fluctuation of portal pressure *(Viallent et al., 1975),* Variceal size *(Degos et al., 1976).* Clotting abnormalities *(Windvunand et al., 1951).*

The prime object of this work is therefore to study the role of haemostatic disorders associated with liver cirrhosis and/or fibrosis in the genesis of bleeding from G.I.T. in patients with and without oesophageal varices.

Recognition of the coagulation defects is of immense importance as it throws lights both on prevention and management of bleeding associated with liver disorders.