SUMMARY

Schistosomiasis is considered as one of the major national health problems in Egypt due to its prevalence and complications, the fundamental among these complications is portal hypertension with oesophageal varices (O.V) which when rupture may lead to terminal GIT bleeding. Endoscopic injection sclerotherapy (EIS) became very effective in the management of O.V., yet it has some complications as fever, chest pain, bleeding O.V., stricture, dysphagia and bacteraemia. The aim of the present work was to study the incidence and nature of bacteraemia following EIS, of O.V. 20 patients with recent history of bleeding O.V. for EIS and 10 controls for diagnostic endoscopy (DE) were incleuded.

A case history, urine & stool analysis and EIS or DE were performed. Blood samples before, one hour after and 24 hours after procedures were collected and incubated both aerobically and anaerobically. As regards the history, 75% of cases had history of schistosomiasis, 10% had suggestive history of viral hepatitis, 15% had a combined history of schistosomiasis and viral hepatitis. Clinical examination revealed palpable spleen in 100% of cases, palpable liver in 55%, ðscites in 10%. Urine & stool were positive for living schistosoma ova in 15% (10% schist. mansoni and 5% had both schist. mansoni and schist. haematobium). Before EIS aerobic

bacterial cultures were positive for bacillus anthracoid in 10% and staph. epidermidis in 5%. THe anerobic cultures were negative in all cases. One hour after EIS aerobic cultures showed bacillus anthracoid in 15%, staph.epidermidis in 15%, micrococci sp. in 5%, strept.viridans in 10% and diphtheroids in 10%, while the anaerobic cultures revealed propiono- bacterium in 5%, peptostrept. magnus in 5% and fusibacterium sp. in 5%. After 24 hours all aerobic and anaerobic cultures were negative.

As regards the controls, only the aerobic cultures after one hour of DE were positive for strept.viridans in 20% and staph. epidermidis in 20%. The present study showed that the source of bacteraemia was the contamination of the instruments by the normal mouth and skin flora, and the absence of bacterial isolates after 24 hours proved the transient nature of such bacteraemia. The recommendations obtianed from the present study are:-

1- Bacteraemia following either EIS or DE has no relation to febrile episodes following the procedures.

2- No need for prophylactic antibiotics either before or after procedures as bacteraemia is usually transient.

3- Use of local antisepsis at injection points reduces the occurance of bacteraemia.

4- There is a need for a comparative study on the effects of different sclerosants, injection sites and needle length.