

RESULTS

This study included 20 patients all of whom suffering from recent bleeding oesophageal varices, as well as 10 controls. As regards the history of the cases, 15 patients (75%) had past history of schistosomiasis, 2 patients (10%) had a history suggestive of viral hepatitis while 3 patients (15%) had a past history of both. History of previous sclerotherapy was negative in all cases (100%), [Table (1)].

The clinical examination revealed a palpable spleen of varying grades in all cases (100%) and a palpable liver in 11 patients (55%) ascites was present in 2 patients (10%) only while other manifestations of portal hypertension such as dilated abdominal veins or venous hum were absent in all cases [Table (2)].

Urine and stool analysis was positive for living schistosoma ova in 3 cases (15%) and of these, 2 had schistosoma mansoni only while the other had both schist. mansoni and schist. haematobium. An endoscopic examination revealed oesophageal varices of different grades in all cases (100%) [Table (3)] and [Figure 2].

Before injection sclerotherapy, the aerobic bacterial cultures were positive for bacillus anthracoid in 2 cases (10%) and staphylococcus epidermidis in one case (5%), While the anaerobic cultures were negative in all cases. One hour

after injection sclerotherapy the aerobic bacterial cultures were positive for bacillus anthracoid in 3 cases (15%), staphylococcus epidermidis in 3 cases (15%), micrococci species in one case (5%), streptococcus viridans in 2 cases (10%) and diphtheroids in 2 cases (10%), while the anaerobic cultures revealed propionobacterium in one case (5%), peptostreptococcus magnus in one case (5%) and fusibacterium species in one case (5%). There was combined aerobic and anaerobic isolates in 2 cases (10%).

Bacterial cultures 24 hours after sclerotherapy sessions were negative in all cases (100%) for both aerobic and anaerobic organisms [Table (4)] and [Figure 1].

As regards control cases, blood cultures both aerobically and anaerobically before and 24 hours after diagnostic endoscopy were negative in all cases (100%), while blood cultures after one hour of diagnostic endoscopy showed aerobic growth in the form of 2 cases strept. viridans (20%) and 2 cases staph. epidermidis (20%), while the anaerobic blood cultures were negative in all control cases (100%) [Table (5)]. The statistical study in the form of test of significance done to compare between cases and controls showed that there is no significant difference between the percentage of patients that developed bacteraemia after endoscopy with or without sclero-injection. (Page 51¹).

Table (1). Data history of 20 cases

Item of the history	No of patient	%
Recent oesoph. bleeding	20	100%
Positive past history of schistosomiasis	15	75%
Past history suggestive of viral hepatitis	2	10%
Past hisotory of both schistosomiasis and viral hepatitis	3	15%
History of previous sclerotherapy	—	—

Table (2) Clinical Findings in 20 cases

Item	No of patients	%
Palpable spleen	20	100%
Plapable liver	11	55%
Ascites	2	10%
Dilated abdominal veins or venous hum	—	—

Table (3) Results of investigations of 20 cases

Item	No of patients	%
Living schistosoma ova in stool and/or urine	3	15%
Living schist. Mansoni only in stool	2	10%
Mixed living schistosoma ova in stool and/or urine	1	5%
Visible oesophageal varices at endoscopy	20	100%

Table (4) Results of bacterial examination in 20 cases before and after sclerotherapy

	Before		1 hour after		24 hours after	
	No of cases	%	No of cases	%	No of cases	%
*Aerobic isolates						
-Anthraxoid	2	10%	3	15%	—	—
-Strept. epidermidis	1	5%	3	15%	—	—
-Micrococci species	—	—	1	5%	—	—
-Strept. viridans	—	—	2	10%	—	—
-Diphtheroids	—	—	2	10%	—	—
Total	3	15%	11	55%	—	—
*Anaerobic isolates						
-Propionobacterium	—	—	1	5%	—	—
-Fusibacterium sp.	—	—	1	5%	—	—
-Peptostrept. magnus	—	—	1	5%	—	—
Total	—	—	3	15%	—	—
*Mixed aerobic and anaerobic isolates						
-Micrococci & Diphth.	—	—	1	5%	—	—
-Fusibacter. & Diphth.	—	—	1	5%	—	—
Total	—	—	2	10%	—	—

**Table (5) Results of bacterial examination
in 10 control cases before and after
diagnostic endoscopy**

	Before		1 hour after		24 hours after	
	No of cases	%	No of cases	%	No of cases	%
Streptococcus epidermidis	—	—	2	20%	—	—
Streptococcus viridans	—	—	2	20%	—	—
Total	—	—	4	40%	—	—

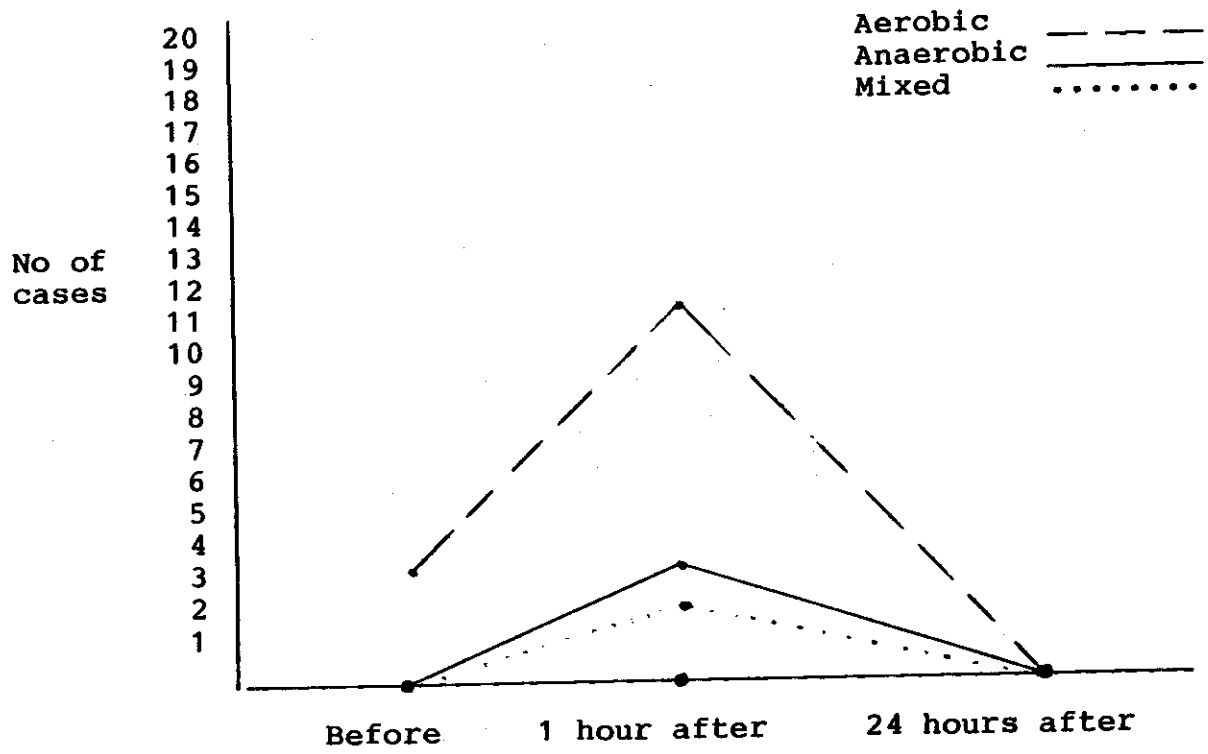


Fig. (1): Represents the relation between the aerobic and anaerobic isolates at different times of sclerotherapy sessions in cases.

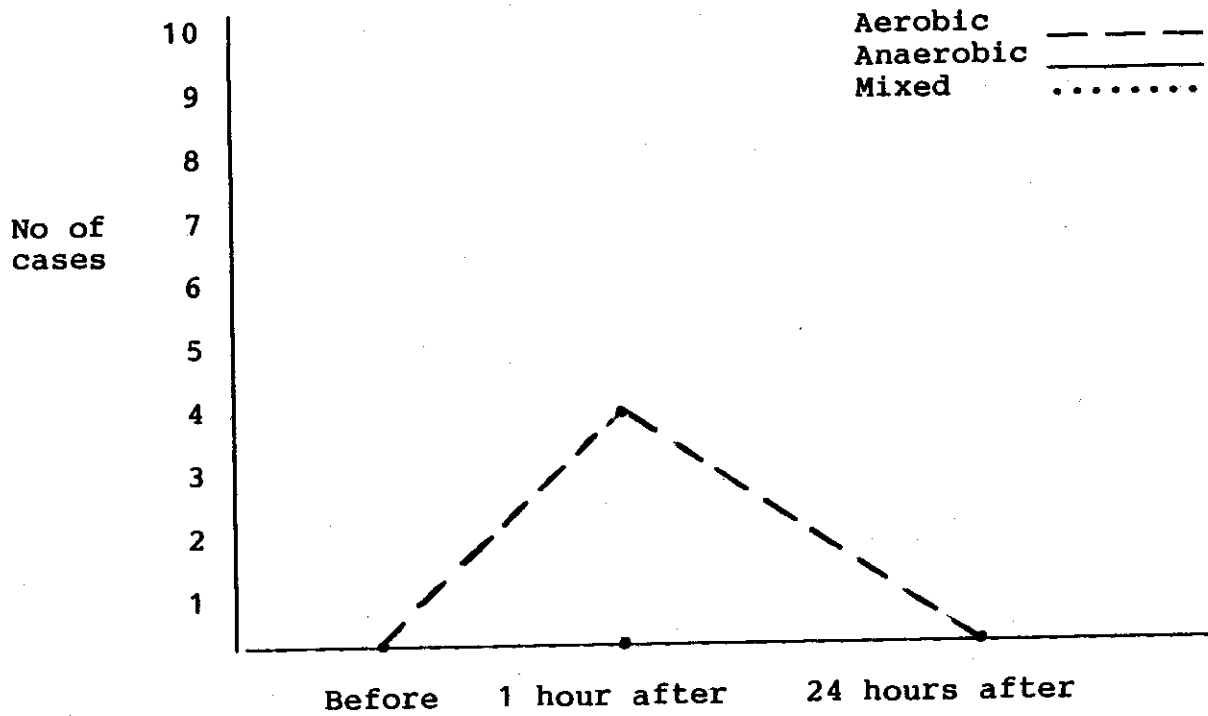
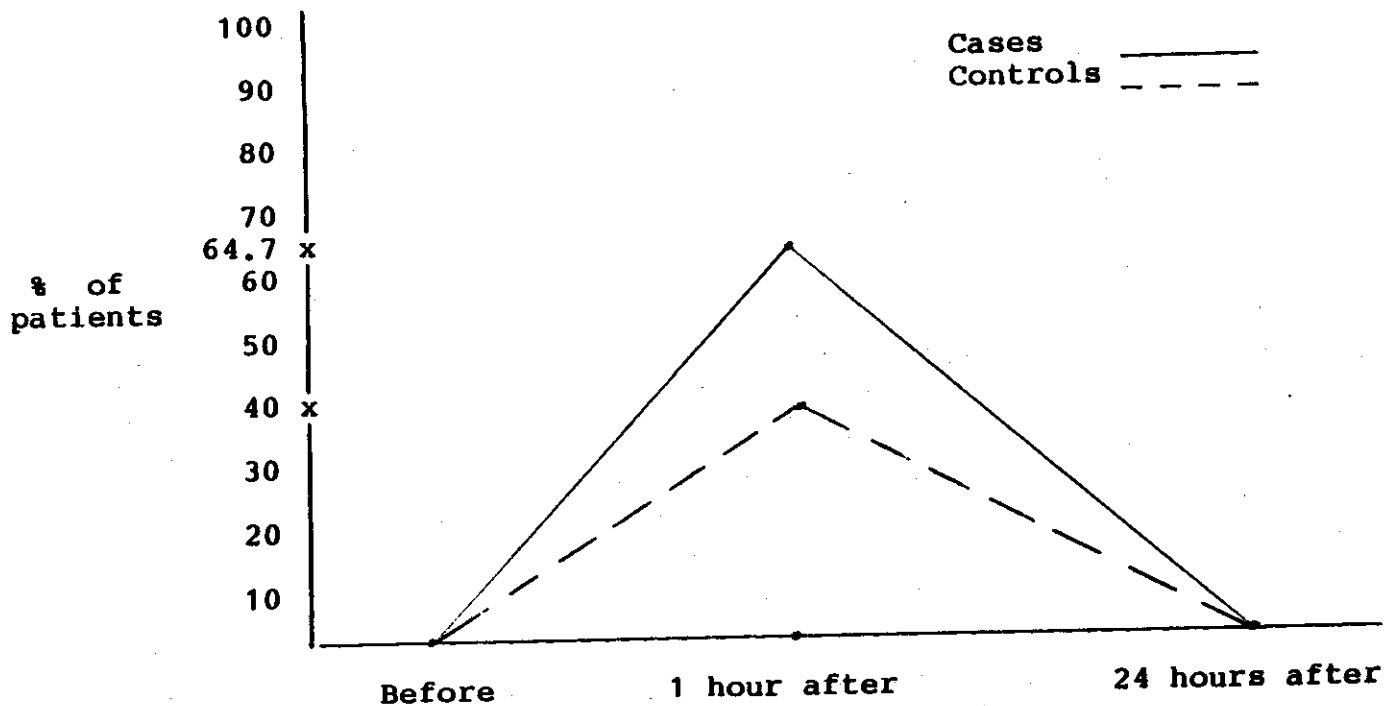


Fig. (2): Represents the relation between the aerobic and anaerobic isolates at different times of diagnostic endoscopy sessions in controls.

Test of significance



Actual no. of cases is considered 17 (64.7%) because 3 patients had positive cultures for bacteraemia before endoscopic sclerotherapy.

	Total No. of patients examined	Patients with bacteraemia	
		No.	%
Cases	17	11	64.7%
Controls	10	4	40%

$$\text{Chi square } (X^2) = 1.555$$

$$P > 0.05$$

Probability of chance is more than 5%.
So, the difference is insignificant.