

SUMMARY

Bleeding from esophageal varices is the commonest cause of serious upper gastrointestinal hemorrhage in children and is associated with a death rate of (5-9%) in those with portal vein obstruction and a considerably greater morbidity and mortality in children with cirrhosis.

Opinions on the primary management of this condition have been largely divided between those who advocate porto systemic shunting and those who favoured non surgical techniques which became the most applicable ones nowadays.

Non surgical endoscopic management of bleeding esophageal varices in children includes variceal injection sclerotherapy and the newly introduced variceal band ligation.

This study was conducted on 40 patients presenting to the endoscopy unit of Liver Institute, Menoufiya University.

Patients qualifying this study were submitted to the following : full history taking and clinical examination; complete blood picture ; Liver function tests and investigations to verify the clinical diagnosis as hepatitis markers, abdominal ultrasonography, liver biopsy and lastly upper endoscopy.

Pateints were randomly assignd to receive sclerotherapy or ligation techniques at the initial endoscopic examination with the objective of comparing both techniques as regard: survival; number of sessions required to eradicate the varices, development of ulcerations and the incidence of recurrence, rebleeding and stricture formation.

The study led to the following results :

- Regarding the survival rates they were 94.4% in sclerotherapy group and 94.7% in ligation group.
- Eradication of varices could be achieved in (94.4% vs 88.2%) for ligation and sclerotherapy respectively.
- The number of sessions required for complete eradication were (3.8 vs 4.4 sessions) for banding and sclerotherapy techniques respectively.
- Ulcerations which are inevitable association for both techniques happend in (66.7% vs 52.9%) for ligation and sclerotherapy respectively.
- Rebleeding occured in (22.2% vs 35.3%) of banded and sclerosed cases respectively.
- Recurrence of varices occured in (35.3% vs 20%) for both ligation and sclerotherapy respectively.
- Stricture formation happened in 17.6% of the sclerosed cases and none of the banded cases and this was the only statistically significant difference between both groups.