INTRODUCTION

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The problem of portal hypertension and its alarming complication is still attracting the attentions of surgeons and physicians all over the world.

Portal hypertension usually follows obstruction to the portal blood flow somewhere along its course.

Bilharzial hepatic fibrosis is the commonest cause of portal hypertension in Egypt, while in the U.S.A. portal hypertension is mainly caused by cirrhosis of the liver.

The possibility of portal hypertension should be considered in any patient who presents with severe haematemesis and melena. Whatever the cause of portal hypertension, the clinical consequences are the same, and these include: Ascites, oesophageal varices, splenomegaly, and hepatic encephalopathy.

The major complication of portal hypertension is the formation of fragile submucosal oesophageal varices which are susceptible to rupture and bleeding. This variceal bleeding is the most lethal form of upper gastero-intestinal tract bleeding.

The surgical treatment of portal hypertension may be divided into two major categories: I) Procedures which directly attack a manifestation of portal hypertension,

such as bleeding varices or ascites. and 2) Procedures aimed at decreasing the portal hypertension and/or portal venous flow.

When taking the decision of performing a surgery for a patient with portal hypertension, the surgeon must attempt to balance the risk of the untoward effects with that of future bleeding.

The purpose of this work is to evaluate the effect of splenelc-tomy alone on the management of portal hypertension.