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# Acute bleeding esophageal variceal sclerotherapy

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Sclerotherapy was found to be very beneficial in the control of acute bleeding episode specially by the use of Ethanolamine oleate. New technique followed in this work was by persistent pressure for 1-2 minutes by the injector on the site of bleeding after withdrawal of the needle. Recurrence of bleeding was reduced in sclerotherapy than in medical treatment. Sclerotherapy is more superior than medical treatment in long term management of bleeding esophageal varices as survival is markedly improved after sclerotherapy at all intervals of follow up. Esophageal varices were eradicated in 37% and almost eradicated in 31% and fibrosed in 22% . These results were dependent on the total amount of sclerosant used in each patient and the duration of follow up. Complications of sclerotherapy in this study were minimal including, retrosternal pain, pyrexia, dysphagia and mucosal ulceration. Survival in sclerotherapy group was significantly increased than in medical treatment group throughout the follow-up period. In comparison between ethanolamine and sclerovein it was found that ethanolamine was more effective in control of bleeding. No significant difference was found between the 2 techniques of injections, intravariceal and perivariceal. Out patients sclerotherapy was safe with minimal complications not exceeding those of inpatients with the advantage that it is cost effective which encourage the patient to complete the needed number of sessions.