
Evaluation of fate of splenectomy and devascularisation in the treatment of variceal bleeding patients

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SUMMARY Variceal bleeding can be spectacular with a mortality varying from 15-50%. The use of vasopressin, glypressin or the Sengstaken-Blackmore tube will stop the bleeding temporarily, but with little effect on eventual mortality. Porta-caval shunting stops the bleeding but at the expense of an increased chance of encephalopathy and no overall improvement in mortality. Trials to lower the portal hypertension were switched to less complicated surgery (especially post-operative) that selectively lower the portal pressure at the region of the left gastric vein, hence, the oesophageal varices, also with the necessity of a rapid and simple technique. In this work, splenectomy and left gastric vessels ligation with minimal devascularization was evaluated in the management of bleeding oesophageal varices at a period of follow-up ranged from 2-7 years. This study was carried out on 100 patients, all of them were Child's grade (A), all experienced one or more attacks of mild to severe bleeding episodes. The complications were encephalopathy (1%) which is very low, Ascites developed in 5 cases (5%) and jaundice in 4 patients (4%) with no operative or hospital mortality. The total mortality was (15%), the most common cause of death was hepatic failure 7%, followed by 4% severe bleeding and 2% renal failure and 2% unrelated causes. 158 Variceal response to treatment was that no one showed complete disappearance of varices, partially collapsed in 93 and not changed in 7 cases (7'). As regarding improvement of liver function tests, there was statistically significant postoperative improvement of all liver function tests, and the operation does not cause deterioration of liver functions. The recurrence of bleeding was 22' which was high incidence, 4 of them died (4') due to uncontrollable bleeding and the remaining 18 patients (18') were controlled by injection sclerotherapy. The operation of splenectomy and devascularization is an effective, simple and safe operation in choicable cases. As regarding the incidence of rebleeding after the operation, postoperative injection sclerotherapy had succeeded in stopping recurrence of bleeding. Postoperative injection sclerotherapy is expected to be a routine procedure in patients with residual congested varices. Such a step would complete the role of splenectomy and devascularisation in decreasing significantly the recurrence of bleeding.