

TREATMENT AND PROPHYLAXIS OF BLEEDINGS FROM ESOPHAGEAL AND GASTRIC VARICES

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Numerous studies are devoted to the possibilities to reduce the risk of portal hypertension and its complications, to improve both conservative and surgical methods of treating this pathology.

The aim of the study was to evaluate the effectiveness of complex treatment and prevention of hemorrhage from esophageal and gastric varices in portal hypertension, including minimally invasive methods.

Material and methods. The work is based on the analysis of the results of treatment and prevention of bleeding from esophageal and gastric varices in 277 patients aged 25 to 87 years old in the period 2012-2016. The men were 185 (66.8%), women - 92 (33.2%). The results of surgical interventions performed for complications of portal hypertension were also analyzed.

Results and its discussion. Endoscopic sclerotherapy of esophageal and gastric varices was successfully used in 67 (24.2%). Clipping of bleeding varices with subsequent administration of sclerosant was used in 63 (22.7%) cases. Endoscopic ligation of esophageal varices was applied in 12 patients. In 198 (71.5%) cases for the hemostasis, the Sengstacken-Blackmore probe was used, in 45 (22.7%) of them, rebleeding was observed after 12 hours. Endoscopic sclerotherapy was applied in 90 (9.2%) patients prophylactically in a planned manner. Died 121 patients from 277 patients with acute bleeding from esophageal and gastric varices (lethality 43.7%). Until 2012, 10 operations of azyportal disconnection were performed in connection with the ineffectiveness of other methods of hemostasis (in the modification of M. Patsiora), during the 30-day postoperative period, 7 patients died.

17 elective operations of azyportal disconnection in the modification of Sugiura-Futagawa and Hassab performed in 2012-2017 (1 patient died on the 11th day), 16 operations of laparoscopic azyportal disconnection (without 30-day hospital mortality). Transjugular intrahepatic portosystemic shunting was used in 17 patients with esophageal and gastric varices and refractory ascites. Liver transplantation was performed three of them.

Conclusions. Timely implementation of endoscopic sclerotherapy or ligation of esophageal and gastric varices is effective and allows saving lives for patients. Early referral of patients for the planned endoscopic prophylaxis after the first episode of bleeding is the most rational. Surgical methods of treatment and prevention of hemorrhage (traditional, laparoscopic, x-ray-endovascular) are effective reserve methods.

Kategoria: K2. Wyzwania chirurgii XXI wieku – możliwości i ograniczenia / Operacje z wykorzystaniem technik minimalnie inwazyjnych / Twenty-first century surgery challenges – possibilities and limitations / Operations using minimally invasive techniques