

## MANAGEMENT OF VARICEAL BLEEDING RISK IN PORTAL HYPERTENSION SURGERY

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**Introduction.** The presence of portal hypertension (PHT), and esogastric varicose veins (EGVV) negatively influences the risk of bleeding and requires the promotion of safer elimination, reduction and attenuation practices.

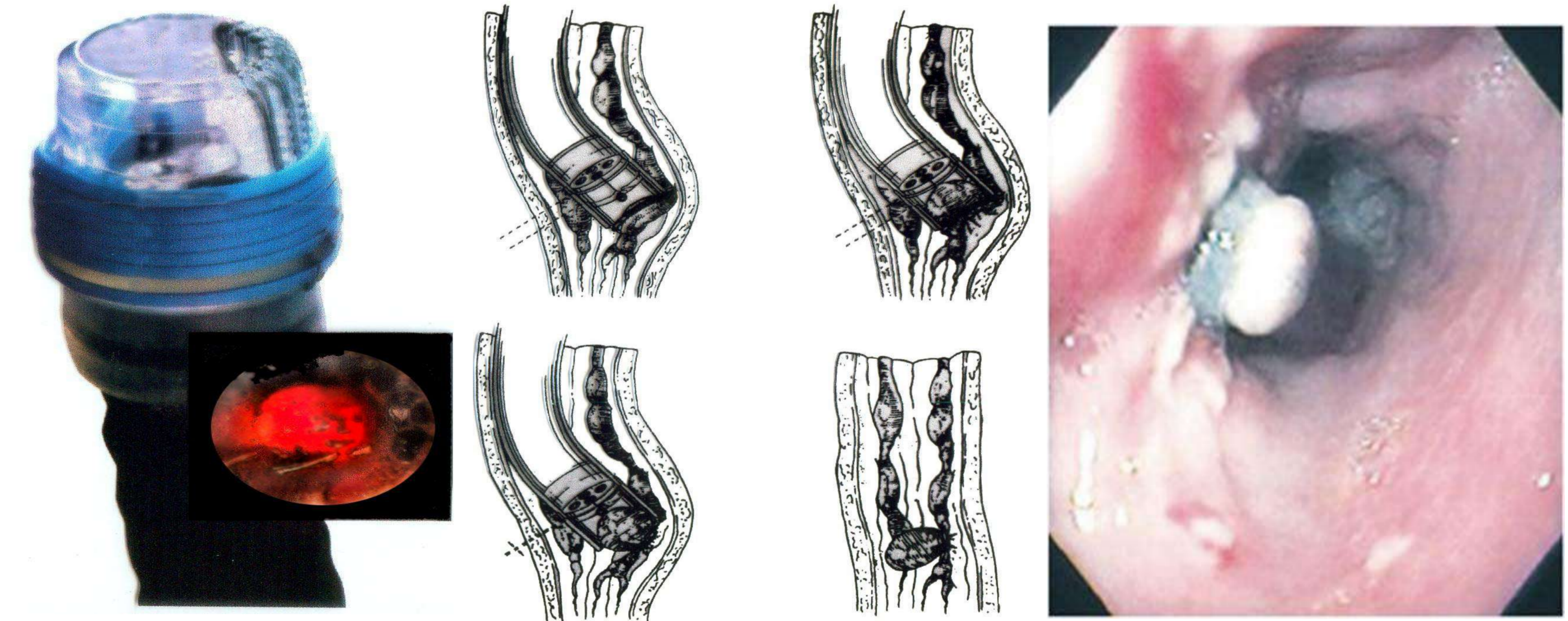
**Purpose.** Analysis of postoperative results in the multidisciplinary management process adapted to the needs of the cirrhotic patient of surgical interest.

**Material and methods.** 366 cases were analyzed, cirrhotic patients with PHT, hospitalized and operated on for a period of 20 years. Predominantly were performed azygo-portal devascularization Hassab: open approach (302) and laparoscopic (38). Prophylaxis of variceal hemorrhage (VH) in patients with risk of hemorrhage also included the endoscopic approach to a EGVV by elastic ligatures (EL): 312 sessions in 261 cases.

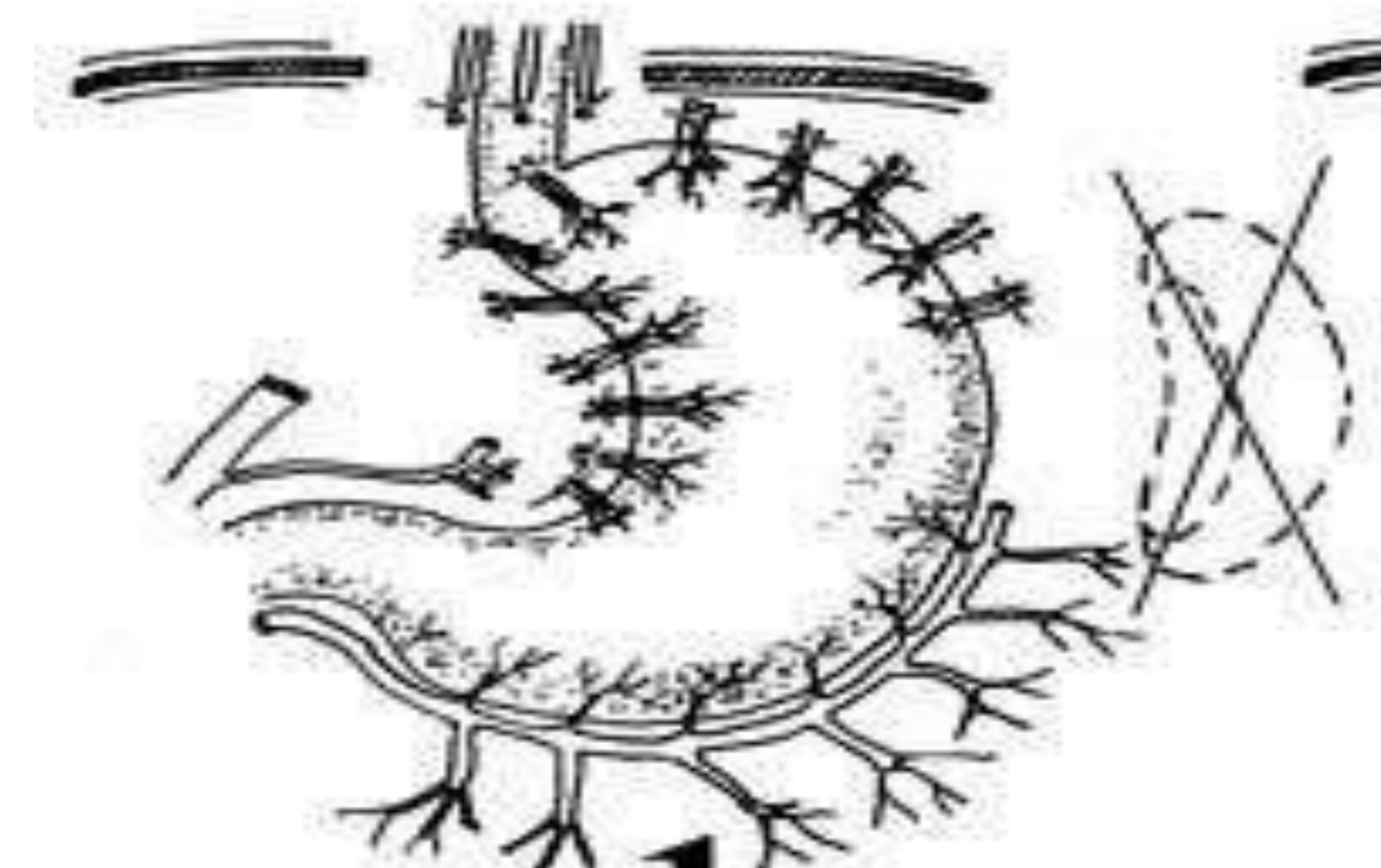
**Results.** The postoperative evolution was burdened by a series of complications in proportion of 14.5% (53 cases): acute postplenectomy pancreatitis (6), portal vein thrombosis (18 acute / 5 chronic), abscess under the diaphragm (9), ascites-peritonitis (1), hepato-renal failure (4), others (10). Intraoperative mortality - zero, postoperative - 3.55%. At 1 year postoperatively, EV regression and a low incidence of VH (2/261) were observed with one death which emphasizes the effectiveness of surgical treatment associated with EL.

**Conclusions.** Combined treatment (surgical and endoscopic) is an effective option in reducing the risk of bleeding with a positive impact on the pathological context and therapeutic success.

**Keywords.** portal hypertension, varicose veins, bleeding risk.



Prophylaxis of variceal hemorrhage : endoscopic Banding



Azygo-portal devascularization Hassab