

### 35. TREATMENT OF VARICEAL UPPER GASTROINTESTINAL BLEEDING



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**Introduction.** Variceal upper gastrointestinal bleeding is a direct complication of portal hypertension and adequate management is essential in positive outcome of patients prognosis and prevention of hemorrhage relapse. Upper varices include esophageal and gastric varices, the first ones being the most frequent. Other causes of upper variceal bleeding, besides cirrhosis, can be occlusion of portal or splenic vein, schistosomiasis, non-cirrhotic fibrosis of portal vein, previous endoscopic or surgical variceal management, tumors of the hepatobiliary area. Nowadays, the endoscopic treatment is widely used in variceal management, and it includes: sclerotherapy, obturation with cyanoacrylate and lipidol, ligation with removable loops, injection of thrombin, combined therapy (loop ligation and cyanoacrylate obturation), sonographically guided endoscopic therapy, hemospray.

**Case statement.** A 73 y.o. male was admitted urgently to the surgery department within Gheorghe Paladi Municipal Clinical Hospital on 11.10.2019, with the following symptoms: vomiting with fresh blood, hematochezia, loss of consciousness, general weakness, abdominal pain, BP 90/60 mmHg, heart rate 100 bpm, respiratory frequency 17/min. The onset occurred 12 hours prior to hospitalization with no history of previous such episodes. The clinical and paraclinical examination established jaundice, swollen abdomen with ascitis, melena, HGB 62 g/l, RBC  $1.8 \times 10^{12}/l$ , HCT 0,21/l, WBC  $11 \times 10^9/l$ , ESR 20 mm/h, albumin 38 g/l, total protein 60 g/l, ALT 120 U/l, AST 150 U/l, ALP 500 U/l, urea 12 mmol/l, creatinine 156 mmol/l, glycemia 4,2 mmol/l, total bilirubin 87 mcmmol/l (direct 50 mcmmol/l, indirect 37 mcmmol/l), PT 30%, fibrinogen 2 g/l, INR 1.8. Diagnostic endoscopy proved esophageal and gastric varices GOV 2, F2, grade 2. Endoscopy haemostasis has been made with paravariceal injection of 500 units of thrombin. The patient remained under observation for 6 days, was discharged in a satisfactory condition, with no relapse of bleeding.

**Discussions.** Although some experts advise the use of cyanoacrylate in variceal management, paravariceal thrombin administration proves to be an effective procedure as well. However, there is yet to be established an agreed-upon primary and secondary prophylaxis of gastrointestinal variceal bleeding, as the subject is still studied, and the treatment must be customized to each individual.

**Conclusion.** Upper gastrointestinal variceal bleeding is a medical emergency that needs endoscopic management on a first episode, and preferably surgical intervention whenever multiple episodes occur.