

MEDICO- SURGICAL APPROACH TO RECURRENT NON- CIRRHOTIC BLEEDING ESOPHAGEAL VARICES

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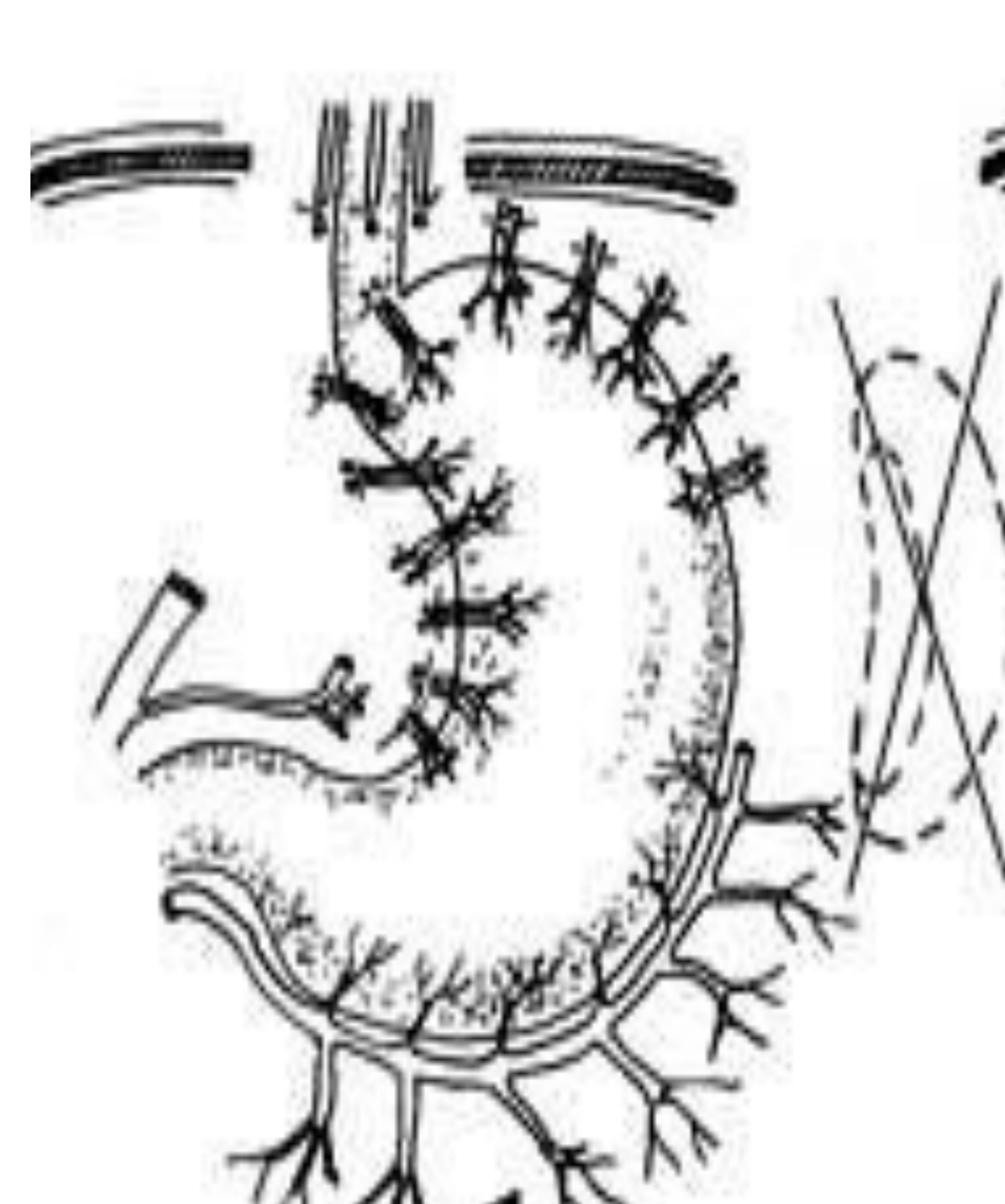
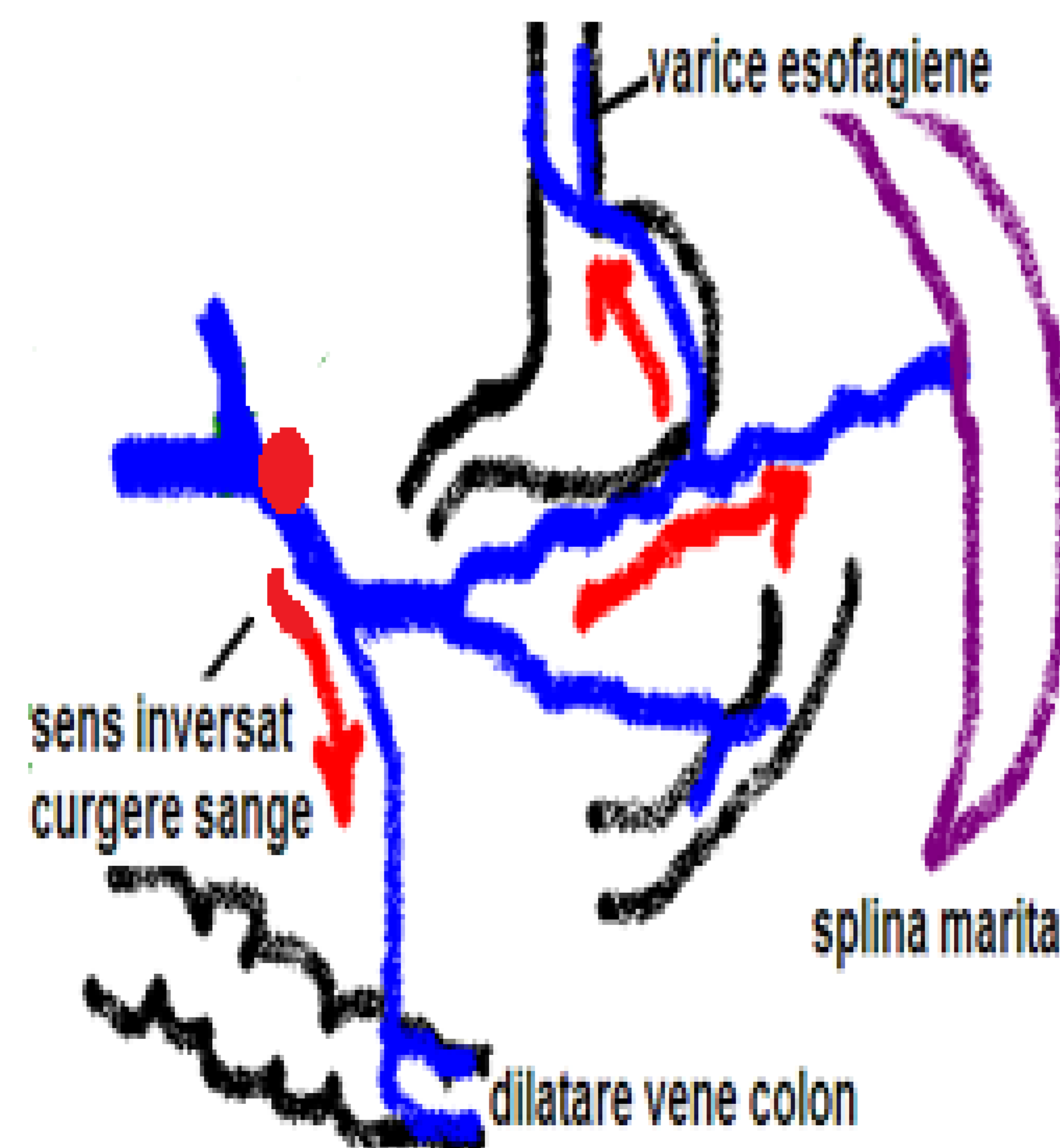
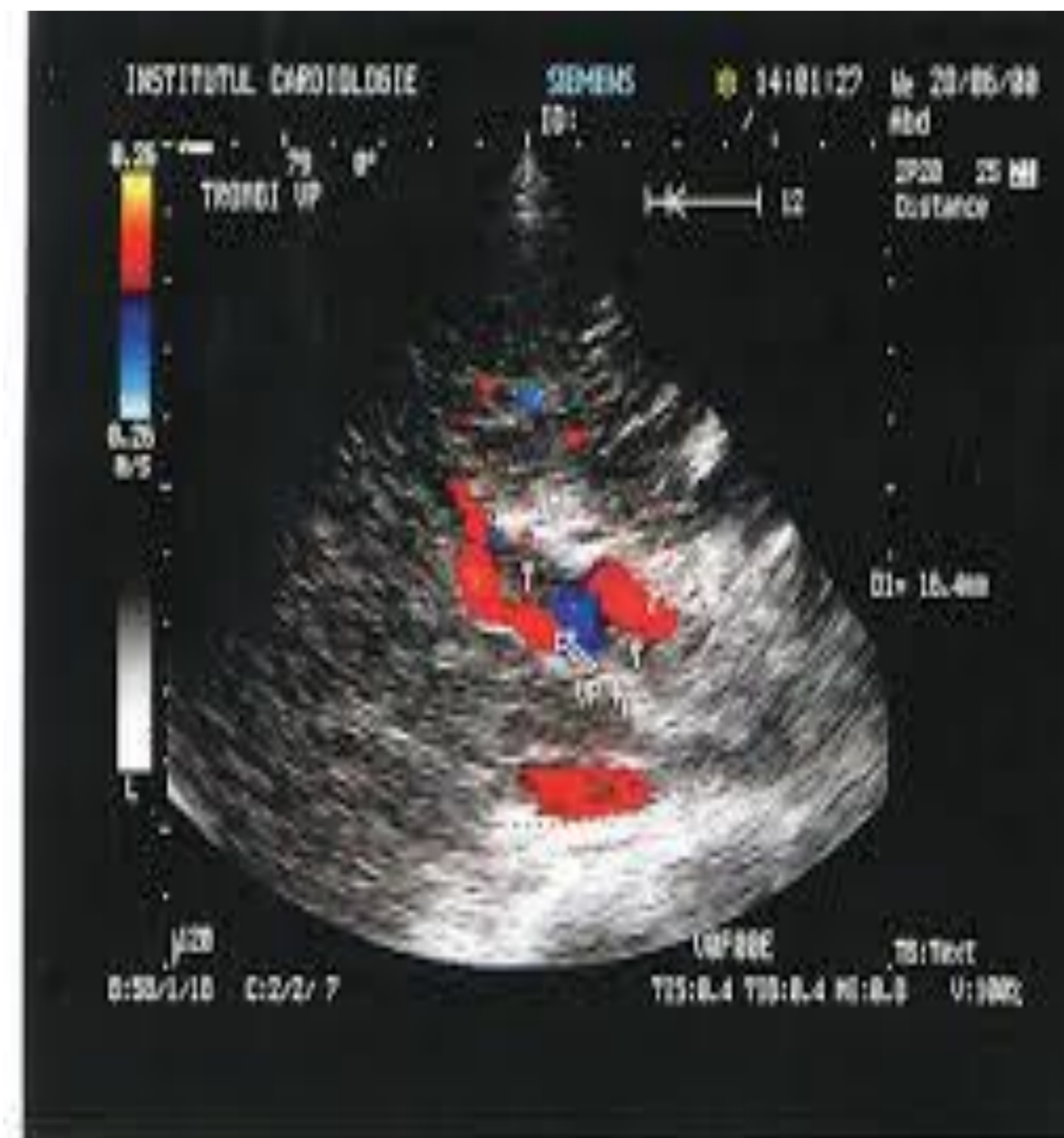
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Introduction The management of the patient with digestive hemorrhage from esophageal varices represent a real challenge for the multidisciplinary team and encompass a broad spectrum of therapeutical gestures.

Purpose The analysis of diagnostic and therapeutic particularities of a patient with non-cirrhotic bleeding esophageal varices(BEV).

Material and methods: We report the case of a 39 years old patient hospitalized for recurrent BEV (4 hemorrhagic episodes in antecedents and 2 banding sessions).

Keywords non- cirrhotic BEV, surgical approach



Results At the admission: mild anemia, thrombocytopenia- 56 000/ μ L, urea/creatinine and transaminases within normal ranges; EcoDoppler: splenomegaly, recanalized splenic-portal thrombosis, incriminated as a pathogenic factor for the hemorrhages; EGDS- varices grade III. The multidisciplinary team confirmed a potential risk of BEV, splenomegaly-hypersplenism. It is proposed and practiced azygo-portal disconnection Hassab, splenectomy. Intraoperative is diagnosed a healthy liver, severe intra-abdominal fibrosis(previous operated for peritonitis), splenomegaly and gastric venous collaterals. The postoperator evolution was favorable, patient was discharged surgical healed.

Conclusions This case is an illustration of the medical complex management, both endoscopic and surgical, incriminated in non- cirrhotic BEV, a condition with an increased clinical polymorphism and which raises many therapeutic and evolutive dilemmas.