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Evaluation of the Quality Of Life of Patients with Cirrhosis after Surgical Prevention of Bleeding From Varicoseveins of the Esophagus

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Abstract. The scientific work is based on the experience of endoscopic ligation of varicose veins of the esophagus (EVV) in 65 patients with liver cirrhosis with portal hypertension syndrome. The degree of ERVP was established in accordance with the classification of K.J. Paquet (1982). Varicose veins of the esophagus of III and IV degrees were recorded in 58 (89.2%) patients. For a comprehensive assessment of the degree of liver failure, the Child-Pugh scale was used (1973). 11 (16.9%) patients were assigned to class A, 23 (35.4%) to class B, 31 (47.7%) patients to class C. The effectiveness of endoscopic ligation in the prevention of bleeding was 92.2%. Recurrence of esophageal-gastric bleeding in the immediate period occurred in 3 patients. Hospital mortality was 4.6%. In the long-term period after endoscopic eradication, recurrence of esophageal varicose veins was diagnosed in 27.8% of patients. Endoscopic ligation of varicose veins of the esophagus is an effective method for stopping and preventing bleeding in patients with liver cirrhosis.

Keywords: gastroesophageal, ligator, hepatitis C virus, ecompensation.

Introduction: The frequency of detection of portal hypertension syndrome reaches 90% with developed liver cirrhosis. The most frequent and most formidable complication of hypertension in the portal system is bleeding from varicose veins of the esophagus and stomach. At the same time, mortality during the first episode of bleeding exceeds 50% (1, 12, 13). In 30% of patients, repeated bleeding leads to a sharp decompensation of liver function. In general, mortality in patients with liver cirrhosis with gastroesophageal bleeding reaches 30-60% (1, 4, 7, 10).

Endoscopic ligation is one of the modern minimally invasive methods of treatment and prevention of esophageal-gastric bleeding in portal hypertension syndrome (5, 6, 8, 15, 17). The growing interest in this method of eradication of varicose veins is based on the technical prostate and the relative safety of the method, as well as the introduction of many devices for ligating varicose veins.

The aim of the investigation was to study and evaluate the effectiveness of endoscopic ligation (EL) in the prevention of bleeding from varicose veins of the esophagus (EVV) in patients with liver cirrhosis with portal hypertension syndrome.

Materials and methods: Were examined in a retrospective analysis of the treatment of 65 patients with liver cirrhosis with portal hypertension syndrome in the period from 2014 to 2019. Of these, there were 37 men (56.9%), 28 women (43.1%), the age of patients ranged from 27 to 69 years. The main number of follow-up fell on patients in the most active working age - from 28 to 55 years. Cirrhosis of the liver was caused by chronic viral hepatitis B in 39.8% of patients, antibodies to hepatitis C virus were detected in 28.6%, and markers of hepatitis B and C were detected in 24.5% of patients. 17 had a history of esophageal-gastric bleeding (26 , 2%) patients. Of these, almost every second suffered 2 or more episodes of hemorrhage. The remaining 48 (73.8%) patients had no history of bleeding. All patients were hospitalized for preventive correction of portal hypertension.

All patients, after premedication and local anesthesia with lidocaine, the esophagus and stomach were examined with a Fujinon video gastroscope. The degree of ERVP was established in accordance with the classification of K.J. Paquet (1982). Varicose veins of the esophagus of III and IV degrees were recorded in 58 (89.2%) patients.

For a comprehensive assessment of the degree of liver failure, the Child-Pugh scale was used (1973). 11 (16.9%) patients were assigned to class A, 23 (35.4%) to class B, 31 (47.7%) patients to class C. Endoscopic ligation was performed in 64 patients in order to prevent bleeding from varicose veins of the esophagus. To perform the latter, a multiply charged ligator manufactured by the SAEED Multi Band Ligator Cook company was used, consisting of a cylinder with ligatures fixed on it, which was attached to the distal end of the endoscope. The cylinder was connected through the biopsy channel of the endoscope with the handle, with the help of which the fixed elastic ligatures were released alternately. An endoscope with a ligation device was inserted into the esophagus and brought to the most problematic area of the varicose vein. Using an aspirator, a negative pressure was created in the cavity of the cap and a vein was sucked into it together with the adjacent mucosa. By rotating the traction mechanism, the stretched latex ring was fired from the attachment onto the vein, pulling it in the form of a stranglehold. As a result, a “venous ball” with a ligature at the base was formed in the lumen of the esophagus. During one session, from 3 to 6 ligatures were applied. Endoscopic eradication of varicose veins was combined with the appointment of nitro drugs or β-blockers, antiulcer drugs for 5-7 days. In the presence of multiple nodes, the endoscopic ligation session was repeated for 2-3 days. After 3-4 weeks, in the absence of complications, control fibroesophagogastroscopy was performed and the adequacy of the previous session was determined.

Results and discussion: To assess the effectiveness of endoscopic eradication of varicose veins of the esophagus, all patients underwent a control endoscopic study in order to prevent bleeding in the immediate and long-term postoperative period, If necessary, on 3-4 days or 7-10 days, as well as after 2-3 month, repeated endoscopy of II-IVst ERVP was performed. At the time of admission to the hospital, grade IV varicose veins of the esophagus were detected in 23 patients, grade III esophageal varices were found in 35 patients, grade II - in 6, grade I - in 1. All patients of grade II-III-IV varicose veins had one session of endoscopic ligation. Endoscopic paravasal sclerotherapy was performed in 1 patient with grade 1 varices. Relapse of gastroesophageal bleeding in the nearest follow-up period developed in 3 (4.6%) cases. Of these, in 2 patients with frequent recurrences of hemorrhage in history. In all cases, varicose veins of the esophagus were the source of bleeding. The main reason for the development of bleeding was early rejection of the ligatures. As a result of repeated EL, stable hemostasis was achieved in 2 cases. In 1 case, despite the ongoing hemostatic therapy and repeated repeated sessions of endoscopic ligation, the patient died due to the failure of the measures taken. In 2 more cases, the cause of death was progressive hepatic failure, both patients belonged to Child-Pugh class C. Hospital mortality was 4.6% (n = 3).

According to a number of researchers, the use of minimally invasive technologies in a complex of therapeutic measures aimed at preventing relapse and preventing esophageal-gastric bleeding of portal genesis in cirrhosis of the liver shows their high efficiency, which is relatively safe and improves the quality of life of this difficult contingent of patients. To reduce the likelihood of early rebleeding, 7-10 days after EL, it is necessary to perform a control endoscopic examination and, if necessary, additionally ligate "suspicious" varixs. During the follow-up period of up to one year or more, after EL, recurrence of esophageal varicose veins was revealed in 27.8% of cases.

Conclusions: Thus, endoscopic ligation of varicose veins of the esophagus is a highly effective method in the prevention of recurrence of esophageal-gastric hemorrhages in portal hypertension syndrome. It is necessary to carry out prolonged (repeated courses in 2-3 months) treatment, followed by a control endoscopic examination.

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