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Summary

A PROSPECTIVE, SINGLE-CENTER, RANDOMIZED, OPEN-LABEL STUDY TO INVESTIGATE EFFICACY AND LONG-TERM OUTCOME OF CYANOACRYLATE GLUE FOR ALL GASTRIC VARICES (GOV1, GOV2, IGV1, IGV2) VERSUS ITS USE ONLY GOV 2 AND IGV 1 GASTRIC VARICES WITH STIGMA OF RECENT HAEMO

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UEG Week Vienna 2024 | Presentation

Endoscopy | Small Intestine & Nutrition | Stomach & H. Pylori | Oesophagus

October 15, 2024

In cirrhotic patients with first variceal bleed and large gastric varices, aggressive cyanoacrylate injection of all visible gastric varices achieved faster obliteration but showed no difference in rebleeding, mortality, or decompensation compared to conservative therapy targeting only high-risk varices at one year.

KEY POINTS

- Rebleeding rates at one year were similar between aggressive cyanoacrylate treatment of all visible gastric varices (Group A, n=66) and conservative treatment targeting only varices with stigmata of recent hemorrhage or high-risk features (Group B, n=68), with no significant difference (p=0.639).
- One-year all-cause mortality and mortality due to variceal rebleed were comparable between the two groups (p=0.261 for rebleed mortality).
- Aggressive treatment required significantly fewer sessions for gastric variceal obliteration (mean 1.24 ± 0.69 sessions vs 2.49 ± 1.38 sessions, p=0.01).
- Decompensation rates at one year, including new or worsening ascites, spontaneous bacterial peritonitis, and hepatic encephalopathy, were similar in both groups.
- Adverse events did not differ significantly between aggressive and conservative strategies.

– The presenter suggested that focusing on high-risk varices may offer an effective alternative to aggressive treatment without compromising long-term outcomes, provided complete obliteration is achieved and patients adhere to beta blockers.

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