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Summary

PROPRANOLOL VERSUS ENDOSCOPIC VARICEAL LIGATION FOR PRIMARY PREVENTION OF VARICEAL BLEEDING: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Oesophagus

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A systematic review and meta-analysis of 916 patients in nine randomised controlled trials found that endoscopic variceal ligation was superior to propranolol for primary prevention of variceal bleeding in cirrhosis, with lower rates of first bleed, bleeding-related mortality, and adverse effects, though all-cause mortality was similar.

KEY POINTS

- EVL was associated with a significantly lower risk of variceal bleeding compared to propranolol (OR 0.44; 95% CI: 0.28–0.67; p = 0.0002) and reduced bleeding-related mortality (OR 0.57; 95% CI: 0.33–0.99; p = 0.05).
- Adverse effects were significantly less frequent in the EVL group (OR 0.46; 95% CI: 0.32–0.67; p < 0.0001).
- No statistically significant difference was found in all-cause mortality between EVL and propranolol (OR 0.93; 95% CI: 0.63–1.37; p = 0.72).
- The authors conclude that the findings support consideration of EVL as a first-line prophylactic option and call for further multicentre RCTs with standardised outcomes and cost-effectiveness analyses.
- This meta-analysis is most relevant to gastroenterologists and hepatologists managing primary prevention strategies for oesophageal varices in cirrhosis patients.

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