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Summary

PARA-VESSELS AROUND CARDIA SIGNIFICANTLY AFFECT THE EFFICACY OF ENDOSCOPIC MANAGEMENT OF GASTROESOPHAGEAL VARICES

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A retrospective study of 69 cirrhosis patients found that the presence of para-gastric or para-esophageal varices independently predicts higher rebleeding rates after endoscopic treatment for gastroesophageal variceal bleeding.

KEY POINTS

- Patients with para-gastric or para-esophageal varices on CT had significantly higher 3-year rebleeding rates compared to those without (74.33% versus 32.79%, p=0.005) after endoscopic ligation or tissue adhesive treatment.
- Para-vessel presence was an independent predictor of rebleeding on multivariate analysis (HR 2.56, 95% CI 1.149-5.705, p=0.042) after adjusting for hepatitis B and albumin levels.
- The study analyzed 69 patients with cirrhosis-related varices treated between January and December 2020, with 27 having para-vessels and 42 without, followed for a median of 745 days.
- The authors suggest portal vascular CT assessment of para-vessels and consideration of alternative treatments such as transjugular portosystemic shunt for patients with large para-varices.
- This material would be most relevant to hepatologists and gastroenterologists managing patients with portal hypertension and variceal bleeding.

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