META-ANALYSIS AND SYSTEMATIC REVIEW OF THE ENDOSCOPIC ULTRASOUND-GUIDED VARICEAL OBTURATION IN PATIENTS WITH ADVANCED LIVER CIRRHOSIS AND VARICEAL BLEEDING

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A meta-analysis of 15 studies (1,742 patients) comparing endoscopic modalities for variceal bleeding in cirrhosis found that band ligation and tissue adhesives outperformed sclerotherapy, and that EUS-guided variceal obturation showed promising results.

KEY POINTS

- Band ligation was associated with lower rebleeding rates compared to sclerotherapy (OR 0.59, 95% CI 0.44-0.79, p = 0.001), while sclerotherapy had higher risk of adverse events (OR 3.21, 95% CI 1.69-6.11, p < 0.001).
- Tissue adhesives such as N-butyl-2-cyanoacrylate demonstrated higher initial hemostasis rates (OR 1.82, 95% CI 1.30-2.55, p = 0.001) and lower rebleeding rates (OR 0.39, 95% CI 0.20-0.77, p = 0.006) compared to other endoscopic therapies.
- EUS-guided variceal obturation was associated with higher initial hemostasis rates (OR 1.93, 95% CI 1.08-3.43, p = 0.027) and lower rebleeding rates (OR 0.43, 95% CI 0.26-0.71, p = 0.001) compared to traditional endoscopic therapies, though the authors note further studies are needed.
- The authors conclude that choice of endoscopic technique should be individualized based on patient factors and physician expertise.

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