

# Management of Bleeding Esophageal Varices

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## Editorial comment

Esophageal varices remain one of the most important causes of upper GI bleeding in Thailand. As variceal bleeding is a rather emergency condition which requires prompt and effective treatment, facilities for therapeutic endoscopic interventions should be made available in all regions of Thailand, especially in large regional hospitals. Janwanitstaporn's study, although is a retrospective descriptive study, is an encouraging study which demonstrate that sclerotherapeutic injection with 1% polidocanol and/or endoscopic rubber band ligation can effective be deployed and practiced in any regional hospital by trained gastroenterologist. In general, the overall mortality rate for bleeding esophageal varices without therapeutic intervention is about 30-50%.<sup>1</sup> Janwanitstaporn's study showed the immediate mortality rate was only 2.86% (8/279) at 48 hours post intervention and 5.37% (15/279) at 10 days post intervention, while the overall mortality rate at 7 year was 22%<sup>2</sup> (58/279). Such results are good enough to emphasize that the Ministry of Public Health should support all regional, subregional hospitals or even all major rural hospitals to equip and operate with such endoscopic facilities. The more important notes from Janwanitstaporn's study are that she was using the

locally modified reloading rubber band ligation technique, by using the very cheap rubber bands which were readily available and normally were used for internal haemorrhoids, not the commercially available single use rubber band ligation kits. Although the study design and process of data collection are not well defined, her study showed that such modification proved to be effective, economical and can be applied in any hospitals in rural area, all of which have to cope with the 30 Baht universal care regime. One important precaution in using locally modified reloading rubber band ligation technique is the trauma or damage that can occur to the endoscope, if minor details in reloading technique are not well taken care of. Gastroenterologists using this reloading technique should ensure that there are no frictions while reloading and no forceful attempt being made while deploying the band.

While the more sophisticated treatment modalities e.g. TIPPs and liver transplantation are far from reality for Thailand's nation wide practice, the attempt to promote endoscopic therapeutic interventions should be a national policy so that patients can receive better care and not be referred to university hospitals.

## REFERENCES

1. Burroughs AK. *J Hepatology* 1993; **17** (Suppl 2): S10-3.
2. Janwanitstaporn K. Management of esophageal varices at Suratthani Hospital. *Siriraj Hosp Gaz* 2004; **56**: 344-55.