



CAUSES OF BLEEDING FROM ESOPHAGEAL VARICOSE VEINS IN PATIENTS WITH PORTAL HYPERTENSION

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Introduction

Bleeding from esophageal varicose veins (VRV) is the most dangerous complication of portal hypertension syndrome, which develops due to a pathological increase in the pressure gradient in the portal vein. Varicose veins account for 10-30% of all cases. withluchaev blood loss from the upper gastrointestinal tract [1, 2]. Based on current statistical data, in 25-84% of cases, the first episode of bleeding from VRV ends in the patient's death [3, 4], and the average life span of survivors rarely exceeds 22-24 months.

Purpose of the study. To determine the causes and features of the course of portal hypertension syndrome, which is complicated by bleeding from VRV in patients of different age groups.

Materials and methods of research. After analyzing the cases of bleeding from VRV in patients hospitalized in the Department of 1-emergency Abdominal Surgery of the Ferghana branch of RSC EMC, it was established that 95 people were treated in 2020-2022, including 64 (67.4%) men and 31 (32.6%) women. By age, taking into account the current WHO classification, patients were divided into 4 groups: young-5 (5.3%), mature - 60 (63.1%), elderly - 21 (22.1%), senile - 9 (9.5%).

The processing was carried out using static programs and methods: general clinical-esophagogastroduodenoscopy (EGDS) with determination of the localization, severity of VRV and the state of local hemostasis; methods of statistical data processing and their analysis — according to the Student's confidence criterion (p) using Microsoft Access 2019 and Microsoft Excel 2019 software.

Research results and discussion

Проанализированы The patient history of Department 1-Emergency abdominal Surgery of FFRNCEMC in the period from 2020-20 to 2022 was analyzed. It was found that out of 95 patients, the etiological factors of portal hypertension that led to bleeding from VRV were: c-m portal hypertension-1 (1.1%), liver cancer - 2 (2.1%), liver cirrhosis - 92 cases (96.8%). At the same time, in 42 cases (44.2%), these diseases developed against the background of chronic viral hepatitis C, in 1 case (1.1 %) — against the background of chronic viral hepatitis B. The time of seeking medical help from the appearance of the first symptoms of bleeding has a significant spread and ranges from 1 hour to 14 days. However, the largest number of patients-30 (31.6%) - were hospitalized within 6 hours after the start of bleeding. In the

period from 6 to 12 hours, 15 people applied (15.8%), from 12 hours to 1 day – 24 (25.3%), from 1 to 2 days – 16 (16.8%), in the period over 2 days - 10 (10.5%). At the time of hospitalization, active bleeding was detected in 18 cases (18.9%), stopped bleeding — in 77 cases (81.1%).

Blood loss was evaluated according to the classification of the American College of Surgeons (according to P. L. Marino 1998) [5]. A small degree of blood loss (Class I) was diagnosed in 22 patients (23.1%). Moderate grade (class II) was detected in 32 cases (33.7%). Large (class III) and massive (class IV) degrees of blood loss were detected in 19 (20%) and 22 (23.2%) patients, respectively. At the time of admission to the clinic, all patients underwent diagnostic EGDS, during which the diagnosis was established, as well as localization of the prevalence of phleboectasias. The endoscopic доскопическуюpicture was evaluated according to the classification of N. Soehendra and K. Binmoeller [6]. Varicose veins of I-II degree were found in 1 patient (1.1%), II degree - in 25 (26.3%), II-III degree - in 42 (44.2%), III degree - in 27 (28.4%). In 52 (54.7%) patients, venous sutures were enlarged in all parts of the esophagus, in 29 (30.5%) - in the middle-lower parts, in 4 (4.2%) - in the lower third. In 2 cases (2.1%), a combined lesion of all parts of the esophagus with the cardiac part of the stomach was detected. Venous dilation in the mid-lower esophagus and stomach was detected in 3 patients (3.2%), in the lower third of the esophagus and stomach in 4 (4.2%). Isolated location of varicose veins in the bottom of the stomach was found in 1 patient (1.1%).

The analysis of concomitant pathology showed that most often bleeding from esophageal varicose veins occurred against the background of liver damage by the hepatitis virus.

46 cases (48.4%). Various diseases of the cardiovascular system were detected in 79 patients (83.1%). Among them, ischemic heart disease (diffuse cardiosclerosis) was detected in 29 patients (30.5%), CHD (atherosclerotic cardiosclerosis) - in 15 (15.8%), hypertension of the second stage - in 26 (27.4%); heart failure of the first stage was detected in 1 case (1.1 %), II stage st. - in 8 (8.4%). Diabetes mellitus as a concomitant pathology occurred in 10 cases (10.6 %): type I – 1 (1.1 %), type II – 8 (8.4 %), steroid – 1 (1.1 %). HIV infection was detected in 3 patients (3.2%), dyscirculatory encephalopathy - in 1 (1.1%), rheumatism — in 1 (1.1%). In 11 cases (11.6%), no concomitant pathology was detected. In this case, the hospitalized patients were treated in a surgical hospital. 65 patients (68.4%) received exclusively conservative therapy. Combined hemostasis (combination of conservative therapy with other methods) was used in 30 cases (31.6 %): mechanical methods of hemostasis (probe Sengstaken-Blakemore) was used in 24 cases (25.3%), endoscopic hemostasis (ligation with latex rings) — in 3 cases (3.2%), partial embolization of the splenic artery — in 3 cases (3.2%), vein insertion — in 1 (1.1%). As a result of the treatment, 70 patients (73.7 %) were discharged with improvement, 25 episodes (26.3 %) were fatal. Recurrent bleeding from VRV was detected in 9 cases, which was 9.5 %.

Conclusions

1. The main cause of bleeding from esophageal varicose veins is cirrhosis of the liver, which developed against the background of viral hepatitis C (48.4 % of cases).
2. Despite the widespread use of local endoscopic hemostasis techniques, recurrent bleeding occurs in 9.5 % of cases.
3. We found that the mortality rate for bleeding from esophageal varicose veins is 26.3 %, which corresponds to the global average trend.

4. The obtained data make us improve the existing methods of treating this pathology and preventing the occurrence of recurrent bleeding.

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