



IASGO World
Congress

2017

HBPS *SurG Meeting*

Lyon, France - November 15th - 17th

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Book of abstracts

Posters sessions

Thursday 16th November

Presentations time

P001 to P032 : 10:30am - 11am

P033 to P066 : 12am - 12:30am

P067 to P099 : 3:30pm to 4pm

Friday 17th November

Presentations time

P100 to P131 : 10:30am - 11am

P132 to P165 : 12am - 12:30am

P166 to P200 : 3:30pm to 4pm

Miniinvasive surgical treatment of portal hypertension complicated by bleeding gastroesophageal varices

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Objectives:

Variceal bleeding is a life-threatening complication of portal hypertension with a high probability of recurrence and mortality. Treatment to prevent first bleeding or rebleeding is mandatory. The goal of our research to improve outcomes of patients with portal hypertension complicated by bleeding from gastroesophageal varices and increase the survival of patients with this disease.

Methods:

During the period from 2014 to 2016 in the surgical center of gastrointestinal bleeding Vinnitsa Regional Hospital treated 195 patients with portal hypertension complicated by bleeding from gastroesophageal varices. In this cohort of patients there were 105 men (53,8%) and 90 women (46,2%). An average age of patients was $54,8 \pm 10,6$ years. All patients were conducted laboratory and instrumental examination. Source bleeding installed at esophagogastroduodenoscopy conducted. Patients were divided into 3 groups. The first group of patients received only conservative therapy, the second group of patients received conservative treatments and performed endoscopic ligation of bleeding gastroesophageal varices, the third group of patients received conservative therapy performed endoscopic ligation of varices and performed endovascular embolization of the splenic artery.

Results:

Among the 195 patients treated with portal hypertension complicated by bleeding from gastroesophageal varices discharged from the surgical department 152 patients (77.95%), 43 patients died (22.05%). All dead patients received only conservative symptomatic therapy. In patients who underwent ligation of gastroesophageal varices - made reliable hemostasis, after splenic artery embolization - a steady decrease in pressure in the portal vein. Following the combined miniinvasive surgery all patients were discharged home, mortality was not.

Conclusions:

Patients with portal hypertension complicated by bleeding from gastroesophageal varices should receive comprehensive treatment: to stop the bleeding - endoscopic ligation of varicose veins, to reduce the pressure in the portal vein and prevention of rebleeding - endovascular embolization of the splenic artery and symptomatic supportive therapy on the every stage.