

Predictors of early re-bleeding and mortality after acute variceal haemorrhage

Background and aim:

Oesophageal variceal haemorrhage is a devastating complication of portal hypertension (PHT). **Aim :** This study was done to determine the risk factors for re-bleeding within 5 days and mortality up to 6 weeks in patients with cirrhosis and acute variceal haemorrhage (AVH).

Methods:

The study included 100 patients presenting with haematemesis and/or melena due to bleeding varices. All patients were subjected to full clinical assessment, routine laboratory investigations, calculation of the Child-Turcotte-Pugh (CTP) and model for end stage liver disease (MELD) scores, abdominal ultrasound and emergency upper gastrointestinal endoscopy. The patients were followed up since admission and up to 6 weeks for the occurrence of rebleeding (in the first 5 days) and mortality (up to 6 weeks) after the acute attack.

Results:

The patients were grouped into three groups: Group I: patients who survived more than 6 weeks following endoscopic management and did not rebleed during this period (75 patients). Group II: patients who died within 6 weeks of AVH (10 patients). Group III: patients who rebled or died within 5 days of AVH (15 patients). The mean MELD score was significantly higher in group II (18.29 ± 0.66) and group III (18.73 ± 0.89) as compared to group I (12.8 ± 2.1) ($p = 0.001$). Active bleeding at time of endoscopy was present in 8% of group I, 70% of group II and 53.3% of group III and the difference was statistically significant ($p = 0.003$), while white nipple sign was present in 10.6% of group I, 90% of group II and 73.3% of group III and the difference was statistically significant ($p = 0.05$).

Conclusion:

High MELD score (>18), presence of active bleeding or white nipple sign at time of endoscopy are significant predictors for early rebleeding and mortality after AVH.

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