

ABSTRACT

Oesophageal varices (EV) has been the troublesome complications of PHT. The common and frequent cause of morbidity & mortality is EV bleeding which is seen in around 25-40% of the patients. EV can be confirmed by endoscopy. In order to reduce the burden of endoscopy, as the prevalence of EV bleeding has increased, studies have been done frequently to identify modalities to identify or predict EV noninvasively.

AIMS AND OBJECTIVE

To study clinical and investigative profile of patients with PHT and also to study the predictive power and compare the noninvasive investigative parameters for detection of esophageal varices in patients with PHT as compared to invasive parameter

MATERIALS AND METHODS

This is a cross-sectional study of 50 cases admitted in Coimbatore Medical College and Hospital, Coimbatore was done in the period from July 2016 to June 2017. The cases were evaluated through proper history taking, clinical examination, blood investigations and radiological investigations.

OBSERVATION

In our study, the commonest age group involved is above 51-60 years. Males are the most common to present with EV. Majority of patients were alcoholics and they were the most common cause for PHT. 48% had severe thrombocytopenia. 56% had spleen size of less than 130mm. 4% did not have EV, 26% had Grade I varices, 34% had Grade II varices and

36% had Grade III varices. Higher Fibroscan score is associated with larger varices. Low platelet count was seen in Grade III varices. When the Right lobe diameter albumin ratio was high the varices were also larger. Those patients with lower platelet count spleen diameter ratio had larger varices Overall the non-invasive parameters had a significant ability to predict and also identify the estimated grading of variceal size.

CONCLUSION

This study has revealed that the newer parameter transient elastography or Fibroscan is far more better predictor of presence of varices and also the size of varices when compared to other parameters. However the study has also reiterated the fact that older and often used non-invasive parameters like platelet count / spleen diameter ratio and platelet count are also much better when compared to the Right lobe diameter / albumin ratio. These parameters can be used in situations where the invasive endoscopic examination is not possible due to non-availability or contraindicated. Patients who satisfy the criteria can be started on early treatment with prophylactic beta-blocker therapy. These parameters can also be used to identify those patients who may have larger varices which needs an endoscopic intervention. This can avoid the overburden cases requiring endoscopy

KEYWORDS

Oesophageal varices, Portal hypertension , Transient elastography , Fibroscan, Platelet spleen diameter ration, Right lobe diameter albumin ratio and endoscopy