

Portal hypertension and portal gastropathy

Portal hypertension and portal gastropathy

The management of bleeding gastric varices is very challenging. Fortunately, most bleeding from varices is oesophageal and is much more amenable to sclerotherapy, banding and balloon tamponade. Gastric varices may also be injected, although this is technically more difficult. Banding can also be used, again with difficulty. The gastric balloon of the Sengstaken-Blakemore tube can be used to arrest the haemorrhage from the fundus of the stomach or GOJ (Figure 67.24). Intravenous infusion of octreotide (somatostatin analogue) or terlipressin (Glypressin), a vasopressin analogue, reduces portal pressure in patients with varices and is of value in arresting haemorrhage. Acute surgery on bleeding varices should be avoided, if possible, because of high operative mortality; it has been superseded in most centres by transjugular intrahepatic porto systemic shunt (TIPSS) insertion (see Chapter 69).

Revision #1

Created 2025-12-31 15:25:11 UTC by Omar Ayman

Updated 2025-12-31 15:25:11 UTC by Omar Ayman