

Treatment of Bleeding Gastroesophageal Varices

Sir,

We read with interest the paper by Tay *et al*¹, reporting their experience in the treatment of bleeding gastroesophageal varices. We commend the authors for reporting their experience, as there is a dearth of data on the outcome of acute variceal bleeding in this region. However, we would like to seek clarification on whether the 42 patients who underwent injection sclerotherapy were actively bleeding at the time of initial endoscopy; a point of more than academic importance, as it has implications on whether sclerotherapy actually controlled the acute bleed. In our own experience, of 21 patients admitted on 29 occasions with acute variceal bleeding in 1991 and 1992, we found that 72% (21/29) of cases had stopped spontaneously by the time of initial endoscopy. Endoscopy and injection sclerotherapy was done within 24 hours in 21 cases. The sex ratio and age characteristics of our patients was very similar to that of Tay *et al*; but 91% of our patients were Malay, reflecting the racial composition of the population of Kelantan. There were equal numbers of patients in each of Child's class A, B and C in our series. Our hospital mortality rate of 24% (7/29) is comparable to that of Tay *et al*. In only 2 of our patients was bleeding the direct cause of death. Four patients rebled during the index admission and 4 rebled after the index admission. We would have been interested to know the number of patients in the study by Tay *et al* who were readmitted with acute bleeds during the study period of over 4 years. While we agree with Tay *et al* that there is sufficient justification based on the available data to undertake injection sclerotherapy in patients presenting with variceal bleeds, we adopt a more circumspect attitude on whether it alters the short and long-term prognosis. We feel that it is difficult to assess the independent effect of any treatment modality based on uncontrolled series. Nonetheless, we would encourage more reports from other centres in the country, as analysis of the cumulative experience might enable us to formulate a strategy for the treatment of acute variceal haemorrhage which is applicable to our local context.

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References

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