# Esophageal Varices

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## What is the stomach and esophagus?

The esophagus commonly known as the food pipe is a muscular tube connecting the throat with the stomach. The stomach is a dilated portion of the GI tract. It is a strong hollow sac beginning, where the esophagus ends and ending in the small intestine. The stomach can hold up to 1.5 liters of food. The stomach has two openings. The point where the esophagus ends into the stomach is called as the cardiac orifice or the lower esophageal sphincter. The stomach stores the food as it arrives from the esophagus. The food is then churned in the stomach, and mixed with the acids and finally transported into the small intestine.

## What are esophageal varices?

Varices are swollen enlarged veins, most commonly seen in the lower esophagus and in the upper part of the stomach.

## What is the cause of varices?

The portal vein delivers blood to the liver. In liver disease, the blood flow in the liver is obstructed. This raises the pressure in the portal vein (portal hypertension), and the blood is pushed in the surrounding blood vessels, including vessels in the esophagus. These vessels are smaller with thin walls and are close to the surface. As a result they expand and swell. When the pressure is very high the vessels can break and bleed.

## What are the symptoms of varices?

There are generally no symptoms till bleeding takes place. Bleeding varices present as:

- Vomiting of blood
- Passage of black, tarry or bloody stools
- Stomach pain
- Lightheadedness
- Loss of consciousness (in severe cases)

If the bleeding is excessive, it gives rise to signs and symptoms of anemia due to the acute blood loss.
Symptoms of chronic liver disease will also be present.

## What are the risk factors for bleeding varices?

- Portal hypertension
- Large varices
- Red marks on the varices seen on endoscopy
- Severe cirrhosis or liver failure
- Bacterial infection
- Excessive alcohol intake

## How are varices diagnosed?

Varices are diagnosed by upper GI endoscopy. Patients with cirrhosis should undergo an upper GI endoscopy regularly to detect development of varices. If screening shows varices they are classified by size. Esophageal capsule endoscopy is another method for screening.

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Variceal hemorrhage or active bleeding from the varix (singular of varices) can be noticed on an endoscopy. At times a clot can be identified.
CT or MRI scan also give more information about liver health.

## How are varices treated if no bleeding has occurred so far or primary prophylaxis?

Primary prophylaxis is treating a patient without any bleeding or symptoms. It actually means the prevention of the first bleed. This is achieved with the use of medications that reduce the pressure in the portal vein e.g. propranolol, nadolol, carvedilol. If the patient is unable to tolerate the medications and if the doctor feels it necessary, endoscopic variceal ligation can be carried out.

## If a patient has a variceal bleed what is the management during the bleed?

- Admission in ICU
- Aggressive intense monitoring
- Blood transfusion, FFP, Platelet transfusions and IV fluids
- Antibiotics
- Medications like somatostain and octreotide, vasopressin, terlipressin can be used
- Upper GI endoscopy followed by endoscopic band ligation or sclerotherapy is recommended
- Surgical option - Portal decompressive therapy, either shunt surgery or TIPS should be considered.
- Balloon tamponade should be tried in active uncontrolled bleeding while awaiting a definitive procedure.

## For patients who have already had a bleed from a varix, what is the management?

Management of these patients is called secondary prophylaxis. The rate of rebleeding is very high (up to 60% in 1-2 years). Thus patients who have had an episode of acute variceal bleeding have a high chance of rebleeding. In these patients both endoscopic procedures, either ligation or sclerotherapy along with medications are used. Liver transplant in severe liver disease with recurrent bleeding is often necessary.