

Prevalence of Portal Hypertensive Gastropathy in Cirrhosis

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Abstract:

Aim:

To study the prevalence of portal hypertensive gastropathy(PHG) in decompensated cirrhotic patients and its correlation with severity of the disease.

Methods:

220 Decompensated cirrhotic patients who underwent upper GI endoscopy for first time were included in the study.

Patients with previous endoscopic band ligation and sclerotherapy were excluded.

The prevalence of portal hypertensive gastropathy were noted and correlated with Child Pugh Scoring

Results:

Portal hypertensive gastropathy was present in 56%(124 patients) and both portal hypertensive gastropathy and duodenopathy was present in 10%(22 patients).

Mild portal hypertensive gastropathy was present in 84% (104 patients) and severe portal hypertensive gastropathy was present in 16% (20 patients).

Oesophageal varices was present in 100 of 122(81%) and Oesophagogastric varices in 24 of 124 (19%) of the patients with portal hypertensive gastropathy

Portal hypertensive gastropathy was present more in Grade-2 Oesophageal varices (73%)

Prevalence of mild portal hypertensive gastropathy was 15% in CTP A; 52 % in CTP B; 33% in CTP C and severe portal hypertensive gastropathy was 20% in CTP B and 80% in CTP C.

Conclusion:

This study demonstrated that portal hypertensive gastropathy is frequent in decompensated cirrhotic patients.

Prevalence of severe portal hypertensive gastropathy is higher in Child Class C.

Keywords:

Cirrhosis; Portal Hypertension; Portal Hypertensive Gastropathy

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I. Introduction:

Portal hypertension is a common complication of chronic liver disease and is responsible primarily for most clinical presentations of cirrhosis. Portal hypertensive gastropathy(PHG)is underappreciated cause of morbidity in patients with cirrhotic or non-cirrhotic portal hypertension. Researchers have recently focused on this inadequately understood disease. Portal hypertensive gastropathy is the change in the mucosa of the stomach in patients with portal hypertension; by far the most common cause of this is cirrhosis of the liver. These changes in the mucosa include friability of the mucosa with the presence of ectatic blood vessels at the surface.

Aim:

To study the prevalence of portal hypertensive gastropathy (PHG) in decompensated cirrhotic patients and its correlation with severity of the disease.

Methods:

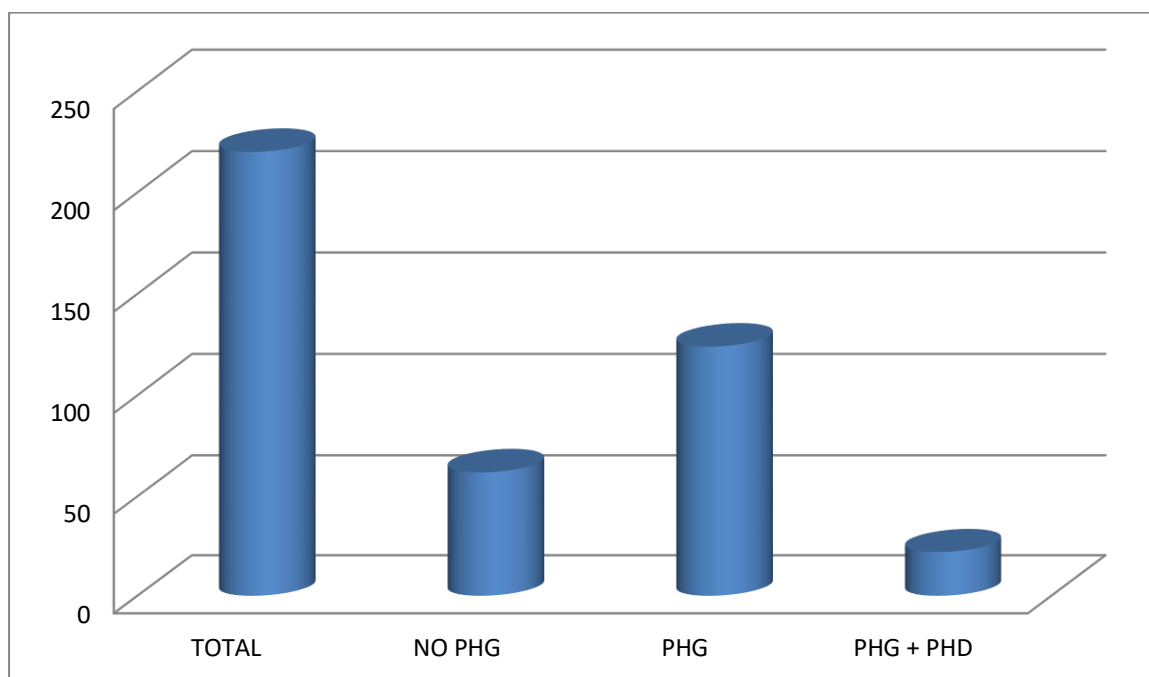
220 Decompensated cirrhotic patients who underwent upper GI endoscopy for first time were included in the study.

Patients with previous sclerotherapy and endoscopic band ligation were excluded.

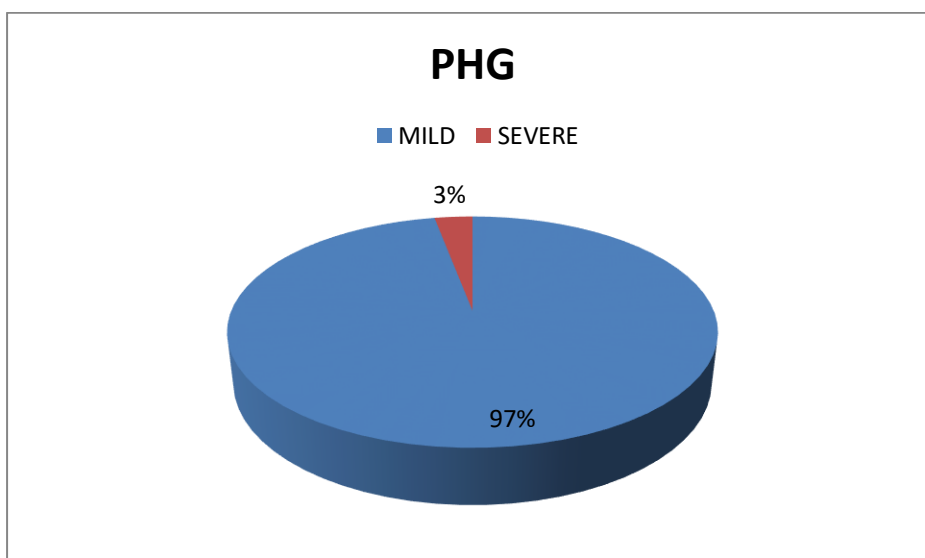
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II. Results:

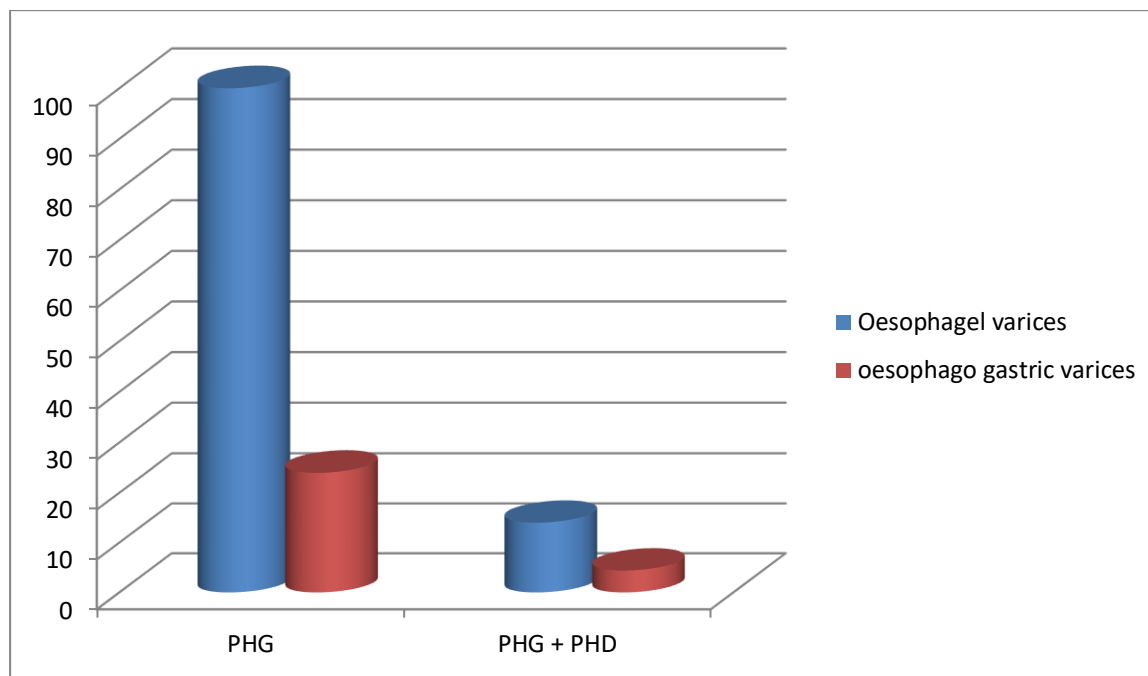
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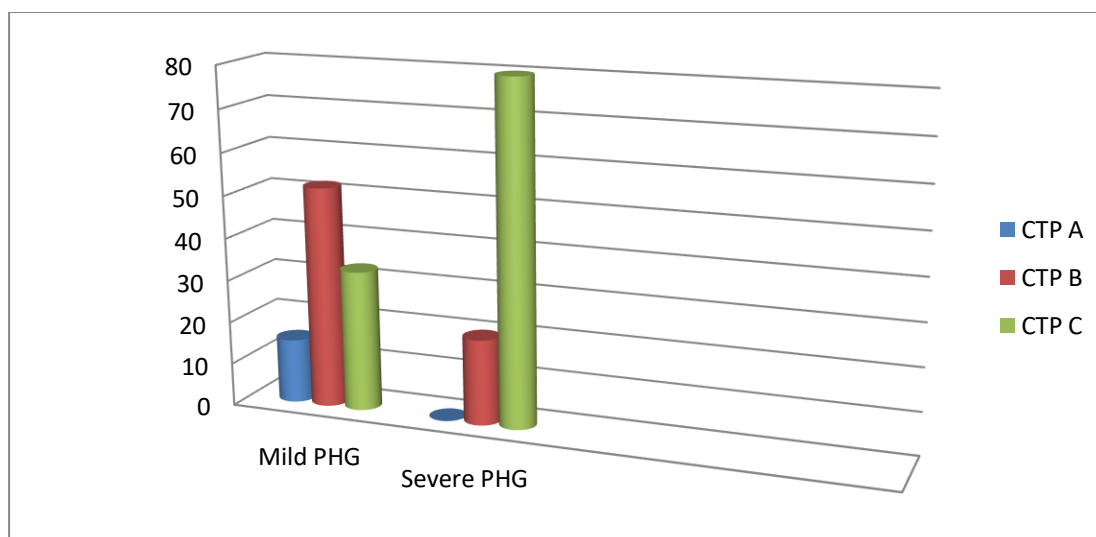
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Oesophageal varices was present in 100 of 124(81%) and Oesophagogastric varices in 24 of 124 (19%) of the patients with portal hypertensive gastropathy. Portal hypertensive gastropathy was present more in Grade-2 Oesophageal varices (73%)



Prevalence of mild portal hypertensive gastropathy was 15% in CTP A; 52 % in CTP B; 33% in CTP C and severe portal hypertensive gastropathy was 20% in CTP B and 80% in CTP C.



III. Discussions:

The prevalence of portal hypertensive gastropathy in patients with cirrhosis ranged from 20% to 98%. [1] This variation seems to be caused by several factors, the study of different populations and variable patient selection, lack of uniform diagnostic criteria and classification and different interpretation of endoscopic lesions. Some studies demonstrated a higher prevalence of portal hypertensive gastropathy in patients with advanced liver disease, esophageal varices, or history of sclerotherapy or ligation for esophageal varices. [2] In general, the available data suggest that portal hypertensive gastropathy is often associated with more severe portal hypertension. [3] It has also been suggested that the prevalence of Portohypertensivegastropathy increases as esophageal varices are obliterated, although this point is controversial. Most patients with portal hypertensive gastropathy are asymptomatic, but a significant number of patients exhibit symptoms related to chronic bleeding and chronic blood loss; iron deficiency anemia.[4][5] A small proportion of patients show evidence of active bleeding. Chronic bleeding from portal hypertensive gastropathy has been reported to occur in 3% to 60% of patients. Even as the development of Portohypertensivegastropathy is related to the presence of portal hypertension, there is generally no direct correlation between the development of Portohypertensivegastropathy and the level of the portal pressure. In patients who have cirrhosis and Portohypertensivegastropathy, the severity

of Porto hypertensive gastropathy may increase with more severe liver disease, but there has not been consistent correlation between the severities of the Porto hypertensive gastropathy with the severity of the liver disease

IV. Conclusion:

This study demonstrated that portal hypertensive gastropathy is frequent in decompensated cirrhotic patients. Prevalence of severe portal hypertensive gastropathy is higher in Child Class C.

Declaration:

Funding: None

Conflict of interest: None declared

References:

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