

# [1527] Optimizing the treatment of patients with gastroesophageal varices and portal hypertension of the hepatic type - a 5-year experience in the specialized center.

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## Introduction

Treatment of patients with acute variceal bleedings (AVB) associated with portal hypertension (PH) is accompanied by high mortality rates in either surgical, endoscopic or therapeutic methods of treatment.

Unsatisfactory treatment results, caused primarily by the complexity of the pathology, require the treatment optimization of this patient population, and it is an urgent scientific task of high practical and social importance.

## Aim of the study

To analyze the indicators and causes of patient mortality with VB phenomena in PH.

To conduct a structured analysis of treatment results (survival rate) using various treatment methods (prophylaxis) for this patient population.

According to the comparative analysis to determine potential ways of promising techniques of VB secondary prevention and treatment results optimization.

## Materials and methods

A retrospective analysis of the treatment results was carried out on 871 patients treated in the Center from 2015 to 2019. Survival rate analysis was performed according to the Kaplan-Meier method.

## Results

During 5 years, from 2015 through 2019, 871 patients were treated in the Center, and 233 died. According to the results of the database analysis, 179 (79%) of them died during the peak of the first (and single in their life) bleeding episode, and the remaining 21% - in the re-emergence of bleeding episode (recurrent). During the first day of hospitalization, 124 or 53.22% of patients died, and 156 (67%) died within 72 hours. In general, this indicates shortcomings in the organization of patient treatment with diffuse liver diseases preceded an episode of VB, lacking "portal vigilance" specialists, who treat patients with advanced chronic liver disease (ACLD). We consider as expedient to perform a Diagnostic screening Ultrasound, Doppler, and endoscopic examination for all patients with DLD to identify early signs of clinical PH manifestations and potential threats to VB. When varicose veins of the esophagus and stomach are detected, there is an urgent need to consider the risk of bleeding in further treatment programs and refer such patients to specialized centers to develop prevention programs. According to the severity of the clinical course of VB and the high lethality, early prevention is a significant reserve for improving treatment results.

## Conclusions

The priority of organizational measures to improve the treatment results of patients with AVB is the development and improvement of primary prevention measures and effective screening to identify the risk groups.