PO-1-1
Evaluation of efficacy and safety of splenic artery embolization versus endoscopic treatment for secondary prophylaxis of variceal bleedings

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Background and aims: An effective prophylactic treatment to prevent further episodes of acute varicel bleeding (AVB) is a high importance task for patients with cirrhosis who have experienced first episode of AVB.

Method: In comparative study, we evaluated the effectiveness and safety of endovascular partial splenic artery embolization (“SAE” or Group 1, n = 117) versus endoscopic treatment (“ET” or Group 2, n = 188) for secondary prophylaxis of AVB in cirrhotic patients. ET group included sclerotherapy (n = 136) and band ligation (n = 52) treatment options. Additionally, patients of both groups were treated with propranolol (the daily dose of 40-60 mg). The end points of our 12 months study in both groups were: presence (or absence) of variceal bleeding episodes within mentioned period of observation, mortality rates (related and not related with AVB). Both groups were well matched with regard to gender proportions, age, endoscopic findings, severity of liver disease. The variables between the two arms were compared using the Fisher’s exact test

Results: Variceal bleeding recurrence rate in “SAE” group was 47% (55 of 117) and AVB related mortality rate-9.4% (11 of 117). In “ET” group we obtained significantly higher rates of study variables: 69.7% (119 of 188, $p < 0.001$) and 25.5% (48 of 188, $p < 0.01$), respectively. Assossiated with AVB mortality rates were similar in both groups: 3.4% versus 3.2%; (NS).

Conclusion: Splenic artery embolization looks preferably to endoscopic prevention modalities for secondary prophylaxis of variceal bleedings. Possible explanation of the obtained results could be in direct influence of SAE procedure on elevated portal pressure and increased platelet count due to partial spleen ablation.