GASTROENTEROLOGY ELSEWHERE


This randomized study compared the efficacy of endoscopic ligation (EVL) with that of medical treatment (MT) with nadolol and isosorbide mononitrate (ISMN) in the prevention of secondary variceal bleeding (SVB). 144 patients (72 EVL, 72 MT) with cirrhosis and acute esophageal variceal bleed were enrolled after bleeding had been controlled with sclerotherapy and/or somatostatin. Randomization was stratified by Child-Pugh score and history of previous variceal bleed. EVL was done at randomization, day 7, and every 2-3 weeks thereafter till variceal eradication. Hepatic venous pressure gradient (HVPG) was measured at onset and after 1-3 months of MT or completion of EVL.

The median follow up was 21 months. Fewer patients in the MT group (24 vs 35) had recurrent variceal bleed; the difference was most in patients with Child class A cirrhosis and was not significant in Child C cirrhosis. The actuarial probability of survival at 2 years was similar in the two groups. Nine patients on EVL had severe complications (bleeding ulcers, aspiration) in comparison to 2 on MT (bradycardia, dyspnea). 51% of patients on MT and 15% on EVL had hemodynamic response (HDR): HVPG <12 mmHg or decrease in HVPG by >20% of baseline value. The likelihood of bleeding and of development of ascites at 2 years was lower, and probability of survival higher, in patients with HDR in both groups. Nature of treatment and Child-Pugh score at month 3 were the only independent predictors of HDR.

Thus, MT is superior to EVL in terms of reduction in risk of SVB and major complications. Monitoring of HVPG may be useful in identifying poor responders.


This prospective, randomized study evaluated whether esophageal dysmotility affects the symptoms and clinical outcome after laparoscopic fundoplication in patients with gastroesophageal reflux disease (GERD). The effect of fundoplication on esophageal motility was also studied.

Patients with chronic GERD (n=200; 121 men; age range 20-80) were stratified depending on presence or absence of esophageal dysmotility (n=100 each) and then randomized to either Nissen or Toupet fundoplication. Investigations were repeated 4 months after surgery.

Heartburn, respiratory symptoms and dysphagia were worse and more refractory to medical treatment (64% vs 49%) in patients with dysmotility (group A) than in those without (group B). The severity of endoscopic esophagitis, hiatal hernia, Barrett’s esophagus, cumulative reflux time and DeMeester score were similar in the two groups. In group B, mean LES pressure was lower and manometric sphincter incompetence commoner. Postoperative GERD recurrence was not related to postoperative motor function or type of surgical procedure. LES pressure increased after surgery in both groups; this was more marked after Nissen fundoplication. Postoperative dysphagia was not related to preoperative motor function but depended on type of fundoplication (44 Nissen vs 17 Toupet). Esophageal motility remained unchanged in 85%, and changed from abnormal to normal in 20 (10 Nissen, 10 Toupet) and vice versa in 9 (8 Nissen, 1 Toupet) patients.

Thus, presence of esophageal dysmotility reflects more severe disease, does not affect postoperative outcome, and is not corrected by fundoplication.


A cohort of Irish women infected with HCV genotype 1a via contaminated anti-D immunoglobulin in 1977, and followed up for 22 years thereafter, were evaluated to determine the natural course of HCV infection.

155 women (87 positive, 68 negative for HCV RNA by PCR) were investigated at diagnosis (1994-1995) and 4-5 years later. At diagnosis, both groups were similar in age, duration of infection and alcohol consumption. History of icteric hepatitis was present in 3.4% of HCV RNA-positive and 20.6% of-negative patients. HCV RNA was present in liver tissue of all serum HCV RNA-positive patients and in none of the-negative patients. Mean ALT was higher in the PCR-positive patients. The main symptoms were equally frequent in the two groups. 77% had psychosocial distress, but there was no difference in psychological well-being. Histological activity index (2.1 [1.5] vs 4.1 [1.4]) and fibrosis score were lower in the PCR-negative group. None of the biopsies showed cirrhosis or hepatocellular carcinoma. A larger proportion with no detectable HCV RNA had DRB1*01 allele. Mixed cryoglobulinemia (12.7%) and sicca complex (7.6%) were seen only in PCR-positive patients. The prevalence of thyroid autoantibodies was similar.

The benign course of infection may be due to the young age (late twenties) at infection, female gender, infrequency of high alcohol consumption and absence of other viral co-infections.

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