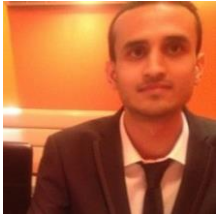


In-Hospital Mortality and Its Predictor in Patients With Gastroesophageal Variceal Bleeding (GEVH)



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Abstract

OBJECTIVE : (GEVH) is a major complication of portal hypertension resulting from liver cirrhosis. GEVH is associated with higher morbidity, mortality, and hospital costs. We evaluated mortality among patients presenting with GEVH and its predictors.

METHODOLOGY: A descriptive study was conducted at hepatology department, Asian Institute of Medical Science, from March 2019 to September 2019. A total of 113 patients included in the study. At endoscopy, oesophageal varices were classified as large, medium or small according to the proposed guidelines by a single experienced endoscopist and presence of red marks was also recorded. Patient was observed for mortality and survival during inpatient stay.

RESULTS: A total of 113 patients with mean age of 47.1 ± 12.9 years and 82 males (72.6%). Mean values of different variables were as follows: serum bilirubin 1.9 ± 2.5 mg/dL, prothrombin time 1.4 ± 0.3 , serum creatinine 2.1 ± 0.7 mg/dL, MELD score 13.8 ± 7.6 . Child Classes were as A 33.9%, B 45.2% and C 48.5%. Out of 113 patients, 81 patients (71.7%) have Grade-IV, 20 patients (17.7%) have Grade-III and 12 (10.6%) have Grade-II esophageal varices. Seventeen patients (15%) were expired in-hospital. High MELD (>15 $p = <0.001$), Child class

and grade of Varices with spurting were associated with high mortality.

CONCLUSION: In conclusion, GEVH has significant in-hospital mortality with MELD, Child Class and grade of varices are independent predictors of mortality.

KEY WORDS

Variceal bleeding, Mortality, Portal hypertension, Cirrhosis