Single Thread System Shooting at any Position: A Better Choice of Variceal Ligator

Sandeep Nijhawan, Gaurav Gupta, Anil Sharma, Bharat Sapra, Amit Mathur, Subhash Nepalia

Department of Gastroenterology SMS Medical College Jaipur, Rajasthan, India

ABSTRACT

Background and Objectives: Endoscopic variceal ligation is well-established as an effective and safe technique for obliteration of esophageal varices. Previously we indigenized one thread system shooting at 7 o clock position which had the advantage of good vision and relatively easy deployment. To indigenize the multi shooter band ligator shooting at variable position, we compared its efficacy with ligator shooting at 7 o clock position.

Method: Fifty patients of grade III-IV varices were randomized to receive to variceal ligation with the band shooting at 7 o clock position (group A) or at variable clock position (group B) of the thread.

Result: Base-line characteristics in both groups were similar. The ligator assembly in both the groups had similar success and ease of deployment with better vision during the procedure in group A. In group A, two patients had entanglement of the thread to varices.

Conclusion: The ligator shooting at variable position is as good as ligator shooting at 7 o clock position with safety of avoiding thread entanglement of varices during the procedure. (J Dis Endosc 2010;1(4):180-82)

Key words: Endoscopic variceal ligation - Ligator shooter at 7 o clock - Ligator shooter at variable position - Portal hypertension

Introduction

Endoscopic variceal ligation (EVL) is required for endoscopic obliteration of esophageal varices. It is more effective and has lower complications than endoscopic sclerotherapy. Various multi shooter band ligators are available; these ligators have a two thread pull system for deployment of the band. We indigenized a one thread system shooting at 7 o clock position. It had the advantage of good vision and relatively easy deployment. We aimed at indigenizing the multi shooter band ligator shooting at variable position and compared its efficacy with ligator shooting at 7 o clock position.

Material and Methods

Patient population

Fifty patients of portal hypertension of varied etiologies (36 cirrhosis, 8 non-cirrhotic portal fibrosis and 6 of extra-hepatic portal venous obstruction) were included in the study protocol. These cases were diagnosed by a combination of clinical presentation, liver function tests, ultrasonography abdomen and Doppler study of portal venous system. Of these, thirty two patients had a past history of overt gastrointestinal bleeding; 18 patients were included for primary prophylactic endoscopic variceal ligation. None of the patient had an active bleed at time of procedure. The study had approval of ethics committee. Informed consent was taken from each patient. Demographic profile of patients

Reprints requests and correspondence:
S Nijhawan, MD
112, Panchsheel Enclave, Gokul Bhai Bhatt Marg, Durgapura, Jaipur (Raj) India
Fax: 01412575466
dr_nijhawan@yahoo.com