

Poster Presentation

TITLE	Outcomes of endoscopic human thrombin injection in the management of gastric varices at QEUH
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ABSTRACT DETAILS:	
Background:	In the management of bleeding gastric varices endoscopic human thrombin (250 IU/ml) injection appears to be a technically simple and efficacious alternative to tissue adhesives with fewer complications. However available data is limited. We reviewed our experience at QEUH where thrombin has been used since July 2016.
Method:	We performed a retrospective search of all patients who received human thrombin injection for the management of bleeding gastric varices and their notes were reviewed. We collected data on patient demographics, duration of follow up, cirrhosis aetiology and Child Pugh grade, the number of endoscopy sessions, amount of thrombin used per session and rates of initial haemostasis, failure to control initial bleeding (Defined as further bleeding up to 5 days after the index endoscopy), rebleeding and death.
Results:	<p>15 cases were identified; 8 female and 7 male. The median age was 54 years (Range 46-76 years). The median duration of follow up was 548 days (Range 74-849 days). The median dose of thrombin was 2000 IU (Range 500-4500 IU) and the median number of sessions was 2 (Range 1-3 sessions). There were no reported complications. Initial haemostasis was achieved in 15/15 (100%). No further bleeding occurred in 8/15 cases (53.3%). 2/8 of these cases died 18 and 21 months after control of the initial bleeding episode; both were in the context of decompensated cirrhosis and sepsis rather than further GI bleeding. Failure to control the initial bleeding episode occurred in 4/15 cases (26.7%). 2 of these cases died after further workup found advanced comorbidity and a palliative approach taken (1 had advanced HCC and 1 had significant medical comorbidity precluding further OGD or TIPSS). 2 were managed successfully with TIPSS insertion. Rebleeding was encountered in a further 3/15 cases (20%); at 12, 38 and 206 days post index endoscopy. All were successfully managed with further thrombin and 2 cases proceeded to TIPSS placement.</p> <p>No correlation was seen between the number of thrombin treatments, cirrhosis aetiology or Child Pugh grade and the likelihood of failure to control initial bleeding or rebleeding.</p>
Conclusions:	Endoscopic thrombin therapy for gastric variceal bleeding is safe and results in excellent rates of initial haemostasis. It is also a useful adjunct to more definitive treatment such as a TIPSS.
References:	<ol style="list-style-type: none"> 1) Yang WL, Tripathi D, Therapondos G, Todd A, Hayes PC. Endoscopic use of human thrombin in bleeding gastric varices. Am J Gastroenterol 2002; 97:1381-1385 2) McAvoy NC, Plevris JN, Hayes PC. Human thrombin for the treatment of gastric and ectopic varices. World J Gastroenterol 2012; 18:5912-5917