

## A new indicator for esophageal varix in alcoholic disease

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Variceal hemorrhaging is associated with a high mortality rate. The early detection of esophageal varices is critical for the effective prevention of variceal hemorrhage.

In daily medical practice, it is common to encounter patients with liver damage from chronic alcohol consumption. When the alcoholic patient is examined, it is often evident that alcoholic liver damage is progressing. Once alcoholic cirrhosis is established, esophageal varices develop in the majority of patients, as found during prolonged follow-up. Nevertheless, alcoholic patients tend to be indifferent regarding their health, and are not likely to undergo periodic consultations. The research team therefore examined the predictive factors for esophageal varices in severe alcoholic disease.

An article to be published on April 7, 2008 in the World Journal of Gastroenterology describes the predictive factors. A study was reported by Dr. Satoshi Mamori, of Jikei University, in which he analyzed the background of alcoholic patients to predict the occurrence of esophageal varices.

Abdominal ultrasonography (US) was performed on 444 patients suffering from alcoholism. The alcoholic patients with splenomegaly and/or withering of the right lobe of the liver were defined as severe alcoholic disease patients (SAD) and participated as the study subjects. The SAD patients were observed by upper gastrointestinal (UGI) endoscopy to evaluate the development of esophageal varies. The



existence of esophageal varices was then compared according to a number of clinical background variables.

44 patients were identified as SAD patients. Twenty-five patients (56.8%) had esophageal varices, and a univariate analysis revealed a significant difference in the age and type IV collagen levels between the patients with and without esophageal varices. Moreover, a logistic regression analysis identified only one independent variable predictive of esophageal varices: type IV collagen (P = 0.017). The area under the curve of type IV collagen, as determined by the receiver operating characteristic for predicting expressed esophageal varices, was 0.78.

The combination of abdominal ultrasound scan and type IV collagen correctly identified, at a high rate, the patients with esophageal varices.

Source: World Journal of Gastroenterology

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