

Risk Factors Associated with Post Endoscopic Band Ligation Ulceration

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1. INTRODUCTION

The optimal management of oesophageal varices is multi-modal; namely beta blockade and endoscopic band ligation (EBL). Although these interventions are considered safe - adverse events are present.

One such adverse event is Post Endoscopic Band Ligation Ulceration (PEBLU). MELD-Na score, reflux oesophagitis and acute variceal haemorrhage have been identified as risk factors in the development of PEBLU – however, concordance amongst studies is not demonstrated (1,2).

2. AIM

This study aims to delineate risk factors associated with the development of PEBLU

3. METHODS

Data was collected for all episodes of banding in CUH between 2015 and 2019. The severity of cirrhosis was established for patients using their initial Child Pugh Turcot (CPT) score and Model for End-stage Liver Disease – Sodium (MELD-Na) score.

Risk factors for development of PEBLU were identified from appraisal of current literature and data was subsequently collected for each patient.

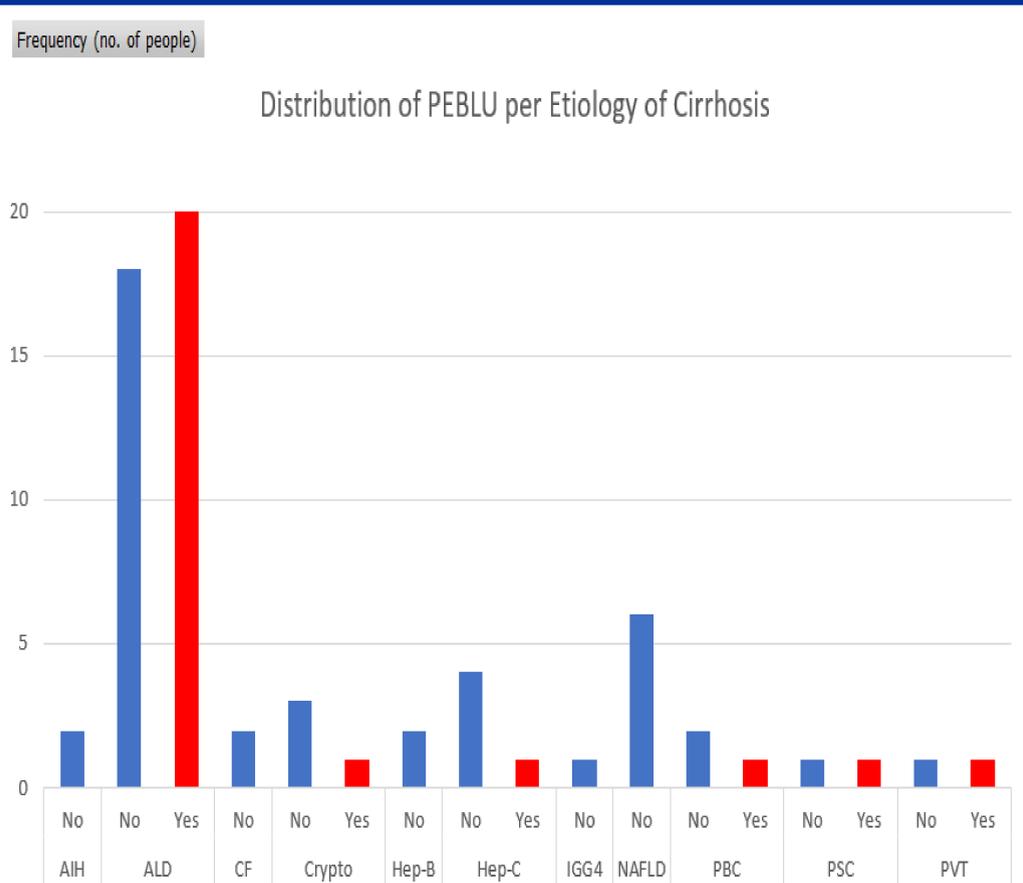
4. RESULTS I

Patient Demographics

A total of 68 patients underwent 238 sessions of EBL in CUH between 2015 and 2019. 6 endoscopists were included in the study – of which 4 were consultants and 2 were trainee endoscopists. All non-elective patients were given prophylactic antibiotics prior to endoscopy and treated with PPI infusion.

238 episodes of EBL were performed in 68 patients. The patients included 40 (58.8%) men and 28 (41.2%) women. The aetiology of cirrhosis was predominately ALD (57.4%). 15 patients (22.7%) had a CPT score of C. The incidence of PEBLU was 10.9%.

Fig 1: Patient Demographics



4. RESULTS II

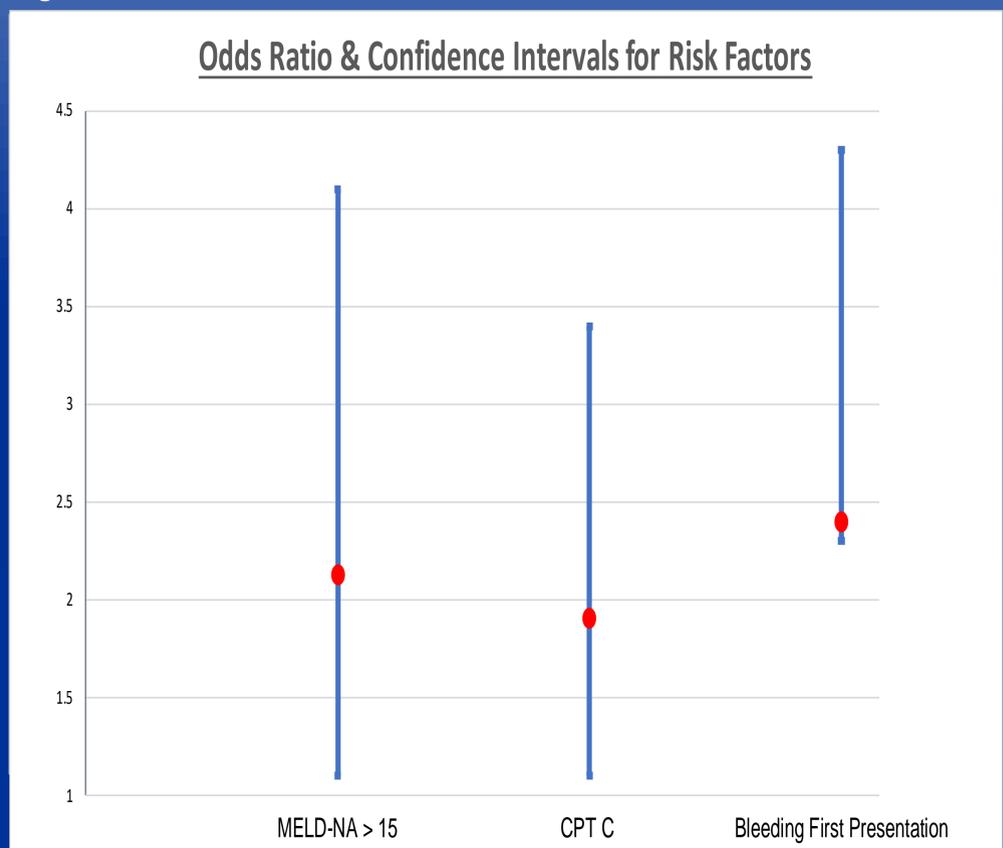
Risk Factors for PEBLU

In univariate analysis, MELD-NA score > 15 (p=.018, OR: 2.133, 95% confidence interval [CI]: 1.10–4.117) and CPT C (p=.045, OR: 1.91, [CI]: 1.07–3.41) were both associated with banding induced ulceration.

Sex, etiology, prescription of NSBB or PPI, number of bands deployed and frequency of banding were not statistically significant risk factors.

Patients who first presented for EBL with a variceal haemorrhage (p=.01, OR: 2.254, [CI]: 1.18–4.33) were statistically demonstrated to have a higher incidence of PEBLU.

Fig 2: Risk Factors for PEBLU



5. CONCLUSIONS

PEBLU is not a rare complication of EBL. Our study demonstrated a 10% incidence of PEBLU which is close to recently described incidences throughout Europe.

MELD-Na score >15, CPT C and bleeding at first presentation are the predictive factors for PEBLU. Age, sex, aetiology and medication regimens were not identifiable risk factors for PEBLU. The number of bands applied per session and frequency of banding were not appreciable risk factors.

An absence of international guidelines for the management of PEBLU and lack of concordance of studies prompts a need for further research

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