Severe Dysphagia After Endoscopic Variceal Band Ligation: A Case Report

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INTRODUCTION

Cirrhosis of liver is a common cause of morbidity and mortality worldwide. 30% of patients with cirrhosis develop upper gastrointestinal bleeding (UGIB). Endoscopic treatment has revolutionized the management of UGIB. It includes Endoscopic Variceal Sclerotherapy (EVS) and Endoscopic Variceal Band Ligation (EVBL). EVBL is the treatment of choice in esophageal varices. Multi session band ligation has shown promising results with repeat banding every 2 weeks till the obliteration of varices, which may require 2-3 sessions. The side effect profile has reduced after the introduction of Multi-band ligator e.g. Saeed six shooter. We are presenting a case report of rare complication of band ligation.

CASE SUMMARY

A 60 years old lady, known to have hepatitis “C” related cirrhosis of liver, presented with UGIB. Upper gastrointestinal endoscopy (EGD) revealed 3 columns of grade III esophageal varices with multiple red signs. EVBL was performed using Multi-band Saeed Six Shooter. Patient was subsequently discharged with follow up EGD and EVBL in 2 weeks time. Follow up EGD showed 1 column of grade III and 2 columns of grade II varices. Three bands were applied using Multi-band Saeed Six Shooter. Few hours later, the patient developed absolute dysphagia to the extent that she was unable to swallow the liquids and even her saliva. Later she developed regurgitation as well. Next day she was admitted in hospital. Repeat endoscopy showed narrowing in lower third of esophagus scope could not be maneuvered across the narrowing. Patient was kept nil per oral. She was given I/V dextrose, proton pump inhibitor, antiemetics and regular analgesia. Barium swallow showed edema and ligated varix in the lower third of esophagus with hold up of barium in the esophagus even after 45 minutes. Patient remained admitted and conservative management continued for 3 more days. During her stay dysphagia gradually improved, patient started taking oral liquids and semisolid diet Repeat barium swallow showed reduction in size of hematoma and edema as well as reduction in hold up of barium Patient was discharged with follow up endoscopy at 2 weeks.

DISCUSSION

It is estimated that the overall complication rate of esophagogastroduodenoscopy (EGD) examination is 0.13% and an associated mortality of 0.004%1. The cardio-respiratory complications range from minor changes in vital signs to myocardial infarctions, respiratory depression and shock/hypotension2. Transient bacteremia may occur during a diagnostic endoscopic procedure and is found more often after therapeutic procedures3-5. Aspiration pneumonia is seen in 1% of patients in 7 randomized trials6-10. Common side effects with EVBL includes shallow esophageal ulcers, which may bleed. Esophageal ulcer formation is seen in 5-15% and there is a lower tendency for ulcer related bleeding than EVS6-10. Chest pain and transient dysphagia are relatively frequent. Esophageal perforation is less common with EVBL Perforation has been reported in 0.7% of 284 patients in 5 randomized trials6-10. No strictures were reported in 8 randomized trials6-10. The overall mortality attributable to the acute complications of ligation in prospective trials is 1%. The reasons for dysphagia include esophageal spasm, which may last for 24-48 hours. Obstruction of the lumen by the protruding varices, sub mucosal hematoma and stenosis are the other causes for dysphagia. The management for dysphagia is supportive. The patient should be kept...
on liquid/semisolid diet, sucralfate, proton pump inhibitor, anti-emetics and analgesia, with a gradual increase in the oral intake. EGD should be carried out once the acute phase is over for review and possible dilatation of the stricture.

REFERENCES


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