



**STUDY OF PORTAL HYPERTENSIVE GASTROPATHY AND DUODENOPATHY IN DECOMPENSATED CIRRHOTIC PATIENTS**

**Gastroenterology**

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**ABSTRACT**

Portal hypertension is a common complication of chronic liver disease and is primary responsible for most clinical presentations of cirrhosis .Portal hypertensive gastropathy (PHG) and duodenopathy (PHD) is an important, but underappreciated, cause of morbidity in patients with cirrhotic or non-cirrhotic portal hypertension. Researchers have recently intensely focused on this inadequately understood disease.

**KEYWORDS**

Liver Cirrhosis ; Portal Hypertension ; Portal Hypertensive Gastropathy and Duodenopathy

**AIM-**

To study the prevalence of portal hypertensive gastropathy(PHG) and portal hypertensive duodenopathy(PHD) in decompensated cirrhotic patients and its correlation with severity of the disease.

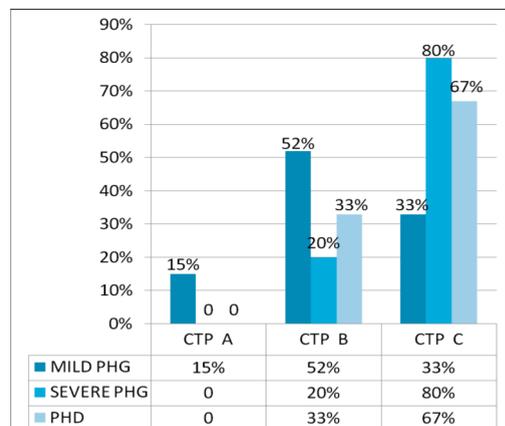
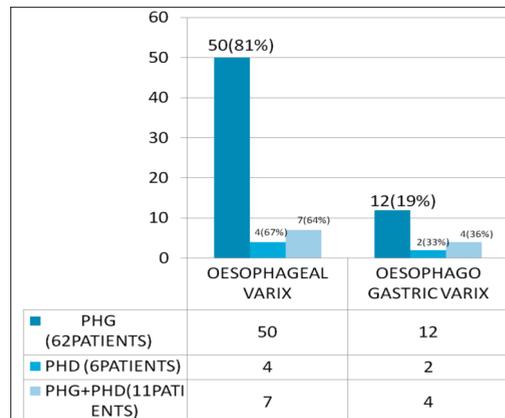
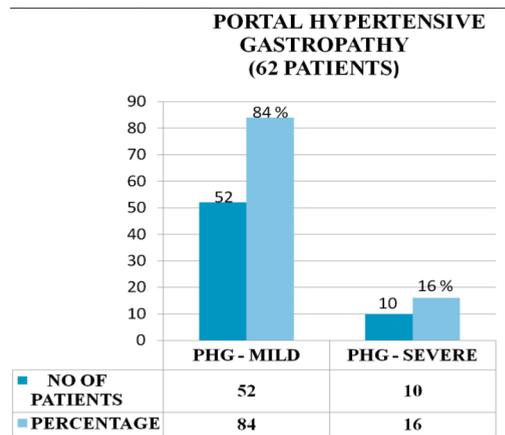
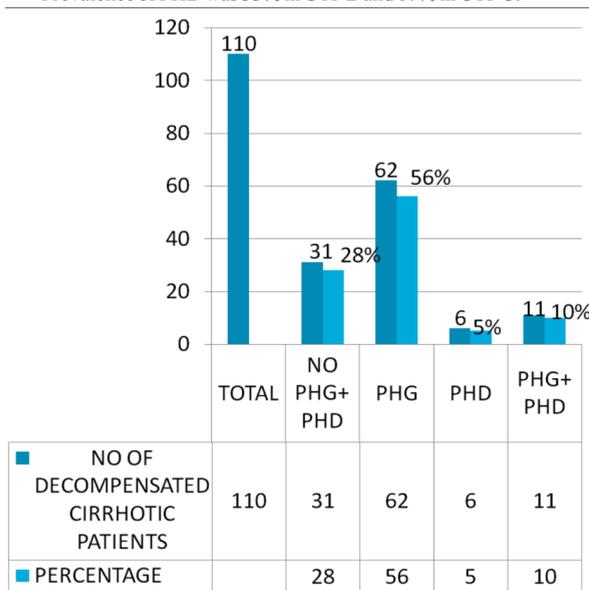
**METHODS-**

110 Decompensated cirrhotic patients who first time underwent upper GI endoscopy were included in the study. Patients with previous endoscopic band ligation and sclerotherapy were excluded.

The prevalence of PHG and PHD were noted and correlated with Child Pugh Scoring.

**RESULTS -**

- PHG was present in 56%(62 patients) and PHD was present in 5%(6 patients) and both PHG and PHD was present in 10%(11 patients).
- Mild PHG was present in 84% (52 patients) and severe PHG was present in 16% (10 patients).
- Oesophageal varices was present in 50 of 62(81%) and Oesophagogastric varices in 12 of 62 (19%) of the patients with PHG.
- Out of the 6 patients with PHD,4 patients had Oesophagogastric varices (67%) and 2 patients had Oesophageal varices (33%).
- PHG was present more in Grade-2 Oesophageal varices (73%) and PHD was present more in Grade-3 Oesophageal varices ( 83%).
- Prevalence of mild PHG was 15% in CTP A; 52 % in CTP B; 33% in CTP C and severe PHG was 20% in CTP B and 80% in CTP C.
- Prevalence of PHD was 33% in CTP B and 67% in CTP C.



**DISCUSSIONS –**

The prevalence of PHG and PHD in patients with cirrhosis varies from 20% to 98%.[1] This variation seems to be caused by several factors, including the study of different populations and variable patient selection, different interpretation of endoscopic lesions, and lack of uniform diagnostic criteria and classification.

Some studies have demonstrated a higher prevalence of PHG in patients with advanced liver disease, esophageal varices, or history of sclerotherapy or ligation for esophageal varices.[2] In general, the available data suggest that PHG and PHD is often associated with more severe portal hypertension.[3] It has also been suggested that the prevalence of PHG increases as esophageal varices are obliterated, although this point is controversial.

Most patients with PHG and PHD are asymptomatic, but a significant number of patients exhibit symptoms related to chronic GI bleeding and chronic blood loss; iron deficiency anemia.[4][5] A smaller proportion of patients exhibit evidence of active GI bleeding. Chronic bleeding from PHG and PHD has been reported to occur in 3% to 60% of patients.

**CONCLUSIONS –**

- This study demonstrated that PHG is more frequent than PHD in decompensated cirrhotic patients.
- PHD occurs more in patients with Oesophagogastric varices.
- Prevalence of severe PHG and PHD is higher in Child Class C.

**REFERENCES –**

1. Primignani M, Carpinelli L, Preatoni P, et al. Natural history of portal hypertensive gastropathy in patients with liver cirrhosis. The New Italian Endoscopic Club for the study and treatment of esophageal varices (NIEC) Gastroenterology. 2000 Jul;119(1):181–187.
2. Menchen L, Ripoll C, Marin-Jimenez I, et al. Prevalence of portal hypertensive duodenopathy in cirrhosis: clinical and haemodynamic features. Eur J Gastroenterol Hepatol. 2006 Jun;18(6):649–653.
3. Merli M, Nicolini G, Angeloni S, Gentili F, Attili AF, Riggio O. The natural history of portal hypertensive gastropathy in patients with liver cirrhosis and mild portal hypertension. Am J Gastroenterol. 2004 Oct;99(10):1959–1965.
4. Higaki N, Matsui H, Imaoka H, et al. Characteristic endoscopic features of portal hypertensive enteropathy. J Gastroenterol. 2008;43:327–31.
5. Bini EJ, Lascarides CE, Micalle PL, et al. Mucosal abnormalities of the colon in patients with portal hypertension: an endoscopic study. Gastrointest Endosc. 2000;52:511–6.