

"TREATMENT AND OUTCOME OF VARICEAL BLEEDING- A COMPARISON OF TWO METHODS"

Dear Editor,

I would like to draw your kind attention to a study published in one of your recent issues "April 2000; 10(4):131-133. Treatment and outcome of variceal..." and would like to raise some queries in this regard.

1. In Figure 2 the bar chart of Child class C shows two bars of different sizes but the label value is 9 on both the bars.
2. In Figure 3 the x-axis is labelled as timing while the value shown are A, B & C. This should be explained how timing is assessed in A, B & C and not in units of time like hours, days or weeks etc.
3. The authors have not defined the criteria for control of bleeding. In its absence the assessment for the control of bleeding could not be done. As the induction criteria said the bleeding occurring of less than 24 hours of duration.
 - a. They have not mentioned how many patients were actively bleeding at the time of endoscopy as in most of the cases the bleeding is already stopped by the time endoscopy is done.
 - b. On what criteria they assessed the control of bleeding in the patients who were not actively bleeding at the time of endoscopy?
4. Octreotide was given for only 48 hours in patients of Group II and the assessment of early re-bleeding was done till 10th day. Thus after 48 hours there was no difference in the two groups, as the patients of group II were not receiving octreotide. The significant difference in the frequency of early re-bleeding is not explainable in this setting and some explanation is due why it was present, as it could not be attributed to the Octreotide.

I hope you will appreciate the importance of these queries and will allow the debate on this important topic in one of your next issues.

Regards

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Author's Reply;
Sir,

We thank Dr. Badar Faiyaz Zuberi for his interest in our article. The queries raised by him at Serial No 1 & 2 of the letter have been due to typographic errors in printing for which, I am informed, the Editor is publishing a correction. As regard to queries at Serial No 3 & 4, we state that:

3. We adopted Jenkins-Criteria of Successful Control of Variceal Bleeding (1991) defined as the cessation of bleeding as evidenced by the absence of overt signs or by a stable haematocrit and haemoglobin levels without need for blood transfusion.
4. We found octreotide successful in preventing early-rebleeding in the following way:
 - i) Day-1, 2 patients had rebleeding in group-1 as compared to none in group-2.
 - ii) Day-2, 7 patients had rebleeding in group-1 as compared to none in group-2.
 - iii) Day-5, 1 patient had rebleeding in group-1 as compared to none in group-2.
 - iv) Day-10, 1 patient had rebleeding in group-1 as compared to none in group-2.

It is obvious from our results that major reduction in the occurrence of early rebleeding may be attributed to the occurrence of early rebleeding may be attributed to the octreotide i.e. 9 patients had rebleeding in group-1 as compared to none in group-2 within 48 hours; difference on day-5 & 10 may not be truly attributed to Octreotide, further supported by our finding of no difference between the two groups >10 days.

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