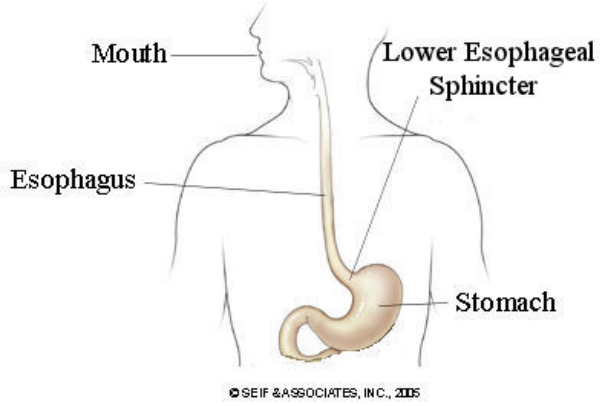
Esophageal Varices

Esophageal varices are blood vessels in the esophagus (the tube that carries food to the stomach). Under normal circumstances, these blood vessels carry very small amounts of blood. If the liver is damaged, and the main vein (*portal vein*) that carries blood is blocked, larger amounts of blood might back up into these esophageal varices. The esophageal varices are too fragile for this extra blood flow and pressure. They may swell and then break, causing life-threatening bleeding (*hemorrhage*).



CAUSES

Any kind of liver disease can cause esophageal varices. Cirrhosis of the liver, usually due to alcoholism, is the most common reason. Other reasons include:

- Severe congestive heart failure: When the heart cannot pump blood around the body effectively enough, pressure may rise in the portal vein.
- A blood clot in the portal vein.
- Sarcoidosis. This is an inflammatory disease that can affect the liver.
- Schistosomiasis. A parasitic infection that can cause liver damage.

SYMPTOMS

Symptoms may include:

- Vomiting bright red or black coffee ground like material.
- Black, tarry stools.
- Low blood pressure.
- Dizziness.
- Loss of consciousness.

DIAGNOSIS

When someone has known cirrhosis, their caregiver may screen them for the presence of esophageal varices. Tests that are used include:

- Endoscopy (esophagogastroduodenoscopy or EGD). A thin, lighted tube is inserted through the mouth and into the esophagus. The caregiver will rate the varices according to their size and the presence of red streaks. These characteristics help determine the risk of bleeding.
- Imaging tests. CT scans and MRI scans can both show esophageal varices. However, they cannot predict likelihood of bleeding.

TREATMENT

There are different types of treatment used for esophageal varices. These include:

- *Variceal ligation*. During EGD, the caregiver places a rubber band around the vein to prevent bleeding.
- *Injection therapy*. During EGD, the caregiver can inject the veins with a solution that shrinks them and scars them closed.
- *Medications* can decrease the pressure in the esophageal varices and prevent bleeding.
- *Balloon tamponade*. A tube is put into the esophagus and a balloon is passed down it. When the balloon is inflated, it puts pressures on the veins and stops the bleeding.
- *Shunt*. A small tube is placed within the liver veins. This decreases the blood flow and pressure to the varices, decreasing bleeding risk.
- *Liver transplant* may be done as a last resort.

HOME CARE INSTRUCTIONS

- Take all medications exactly as directed.

- Follow any prescribed diet. Avoid alcohol if recommended.
- Follow instructions regarding both rest and physical activity.
- Seek help to treat a drinking problem.

SEEK IMMEDIATE MEDICAL CARE IF YOU:

- Vomit blood or coffee-ground material.
- Pass black tarry stools or bright red blood in the stools.
- Are dizzy, lightheaded or faint.
- Are unable to eat or drink.
- Experience chest pain.

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