Preface

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Acute bleeding from varices in the esophagus is a catastrophic complication of portal hypertension and has posed a persistent and often frustrating challenge to gastroenterologists, endoscopists, surgeons and general practitioners alike for more than half a century. Today, the origin and pathophysiology of this often lethal complication of portal hypertension is well understood, yet treatment remains a matter of continued debate. The inability of any kind of treatment to occlude safely and permanently an acutely spurting varix or provide long-term benefit without causing to the patient treatment-related complications has been the main drawback of all therapeutic efforts. Pharmacologic, endoscopic and surgical approaches have been proposed for both short and long-term management. Evolution of the different treatment modalities has produced a plethora of published papers. However, differences in experimental protocols, inclusion criteria and chosen end-points to assess efficacy make comparison amongst results from different trials difficult. It is fairly obvious that a single best treatment has not filtered through.

All the above considerations prompted us to attempt a critical overview of the available therapeutic options. To this end, we have

asked leading experts in the field, known for their direct personal experience and scientific expertise, to compile a series of reviews to synthesize the mass of general and specific information existing in the field. Most of them participated at a Round Table we organized during the International Symposium on Esophageal Disease which took place in Sicily a few years ago and there they already did a great job. We are indebted to all of them for accepting to share with us their knowledge and for providing us with excellent manuscripts, despite the many daily commitments. After the pathophysiological background of MacMathuna et al, medical treatment, endoscopic sclerotherapy and emergency surgery of acute variceal hemorrhage are thoroughly reviewed and a flow chart for appropriate management of the actively bleeding patient is suggested. Prevention of rebleeding is then discussed and, again, medical, endoscopic and surgical options are confronted. Finally, the interventional new approach for the treatment of portal hypertension is presented. Being all treatments, operative and nonoperative, of a palliative nature for the majority of patients who suffer from irreversible liver disease, hepatic transplantation is increasingly considered for the management

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of such patients since only it will reverse the primary hepatocellular disease. This stimulating perspective is fully discussed in the surgical papers.

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