

ROLE OF OCTREOTIDE IN UPPER GASTROINTESTINAL BLEEDING DUE TO LIVER CIRRHOSISDr. Saima Faiz¹, Dr. Muhammad Jahan Zaib Hasan² and Dr. Yasir Najeeb Khan^{*3}

Pakistan.

***Corresponding Author: Dr. Yasir Najeeb Khan**

Pakistan.

Article Received on 21/10/2019

Article Revised on 11/11/2019

Article Accepted on 01/12/2019

ABSTRACT

Introduction: Upper gastrointestinal bleeding can be a deadly and life threatening condition and need intensive emergency treatment to keep away from undesirable morbidity and mortality. Octreotide has great viability and safety profile. **Objective:** To determine the efficacy of octreotide in cases of upper GI bleed due to liver cirrhosis. **Methodology:** In this study there were total 50 cases of upper GI bleed within last 24 hours due to liver cirrhosis of both genders falling in the age range of 30-70 years presenting to medical wards and emergency department. The octreotide 100mcg bolus injected then 800mcg in 400ml normal saline infusion given over the period of 24 hours. This therapy was given for 2 to 5 days. The efficacy was labeled as yes when there is no bleeding episode over 24 to 48 hours. **Results:** In this study there were total 50 cases out of which 35 (70%) were males and 15 (30%) females. The mean age and duration of cirrhosis were 49.45±6.85 years and 4.87±2.01 years respectively. The efficacy was almost equal in both genders (p= 0.95). The efficacy was slight better in age group 30-49 years where 16 (69.56%) out of 23 cases had it (p= 0.12). The efficacy was significantly better in Class A where 4 (80%) out of 5 cases had it as compared to Class B and C where it was almost equal with p= 0.01. **Conclusion:** octreotide has good efficacy in treating upper GI bleed in cases with liver cirrhosis and this is significantly better in cases with Child Pugh Class A.

KEYWORDS: GI bleed, Varices, Octreotide.**INTRODUCTION**

Liver Cirrhosis is a high burden disease worldwide. It is defined as the chronic inflammation, regenerative nodules formation and then ultimately fibrosis. There is wide range of etiologies. In Pakistan Hepatitis B and C infection are the most common one, while in the developed world; alcoholism is the leading cause of liver cirrhosis. Cirrhosis is ranked as the 12th leading cause for mortality each year in USA.

Liver cirrhosis can result in various complications. Portal hypertension is one of the major one. It can lead to increased back pressure and varices formation that can bleed. Varices are observed in around 30% of patients with compensated and 60% patients with decompensated liver cirrhosis. Bleeding from these varices is a medical emergency that can result in high degree of mortality and morbidity even with appropriate treatment. Endoscopic intervention is considered as the mainstay of the treatment by which band ligation, sclerotherapy, cold lavage and other steps can be taken with maximum efficacy. But it is not available everywhere and expert hand is always in need. On few occasions the rate of bleeding is so rapid that the view could not be clear to take any appropriate step. That's the point where medical

management is required. The data has revealed that almost 70–80% of cases with episodes of variceal bleed respond to medical therapy.

Medical management is considered in the form of supportive therapy, blood and blood products replacement, proton pump inhibitors, sandostatin and terlipressin that have various degree of success. octreotide (sandostatin) has advantage that it is cheaper than terlipressin and almost equal efficacy.

OBJECTIVE

To determine the efficacy of Octreotide in cases of upper GI bleed due to liver cirrhosis.

Study Design: Case series.**Settings:** Allama Iqbal medical college, Jinnah hospital, Lahore.**Duration of Study:** October 2017 to March 2018.**Sample technique**

Non probability consecutive sampling.

MATERIAL AND METHODS

In this study there were total 50 cases of upper GI bleed within last 24 hours due to liver cirrhosis (assessed by history and medical record) of both genders falling in the age range of 30-70 years presenting to medical wards and emergency department. The diagnosis of liver cirrhosis was made on clinical and laboratory data and the cases were divided into 3 groups of Child Pugh Class A, B and C. The octreotide 100mcg bolus injected then 800mcg in 400ml normal saline infusion given over the period 24 hours. This therapy was given for maximum of 5 days. The efficacy was labeled as yes when there is no bleeding episode over 24 to 48 hours.

Statistical analysis

The data was entered and analyzed with the help of SPSS version 21. Quantitative variables were presented in terms of mean \pm SD (Standard Deviation). Frequency & percentages were calculated for categorical data. Effect modifiers were controlled and post stratification chi-square test was applied taking p-value \leq 0.05 as significant. Ethical approval was taken from the ethical review committee of our institute. All the patients were enrolled in the study after taking informed consent.

RESULTS

In this study there were total 50 cases out of which 35 (70%) were males and 15 (30%) were females. The mean age and duration of cirrhosis were 49.45 ± 6.85 years and 4.87 ± 2.01 years respectively. There were 5 (10%) cases in Child Pugh Class A, 21 (42%) in B and 24 (48%) in class C. The efficacy was seen in 30 (60%) of cases. The efficacy was almost equal in both genders ($p = 0.95$) as in table 1. The efficacy was slight better in age group 30-49 years where 16 (69.56%) out of 23 cases had it ($p = 0.12$) in table 2. The efficacy was significantly better in Class A where 4 (80%) out of 5 cases had it as compared to Class B and C where it was almost equal with $p = 0.01$ as in table 3.

Table No. 01: Efficacy With Respect To Gender n= 50.

| Gender | Efficacy | | Significance |
|--------|----------|----------|--------------|
| | Yes | No | |
| Male | 22 | 13 | |
| Female | 8 | 7 | $p = 0.76$ |
| Total | 30 (60%) | 20 (40%) | |

Table No. 02: Efficacy With Respect To Age Groups n= 50.

| Age groups | Efficacy | | Total |
|------------|----------|----|-------|
| | Yes | No | |
| 30-49 | 16 | 7 | 23 |
| 50-70 | 14 | 13 | 27 |
| Total | 30 | 20 | 50 |

Table No. 03: Efficacy With Respect To Child Pugh Class N= 50.

| Child Pugh Class | Efficacy | | Total | Significance |
|------------------|----------|----|-------|--------------|
| | Yes | No | | |
| A | 4 | 1 | 5 | $p = 0.01$ |
| B | 12 | 9 | 21 | |
| C | 14 | 10 | 24 | |
| Total | 30 | 20 | 50 | |

DISCUSSION

Upper GI draining is a hazardous crisis and it needs critical intercession to maintain a strategic distance from mortality. Octreotide is one of the commonest utilized agent to stop bleeding. It is a somatostatin analogue minimal side effects and preferable security profile over vasopressin observed. A meta-analysis was done to see for its efficacy and it was seen that in terms of mortality reduction there was 34% decrease in relative risk as compared to placebo. In another investigation, the similar examination amongst Terlipressin and octreotide was done and it was seen there is no distinction in result, both are similarly efficient and lifesaving. In different investigations done octreotide organization demonstrates 70 to 80% variceal bleeding control within 48 hours.

The efficacy was fundamentally better in Class A where 4 (80%) out of 5 cases had it when contrasted with Class B and C where it was relatively equivalent with $p = 0.01$. This was likewise observed by different examinations done in the past that additionally discovered better outcomes in lesser level of ailment. The reason of better adequacy can be clarified by the way that the prior the sickness and lesser are the odds to build up the varices. Conversely in serious infection like Child pugh Class C, there were substantially higher opportunities to have high level of varices and that prompted diminished reaction to Octreotide.

CONCLUSION

Octreotide has good efficacy in treating upper GI bleed in cases with liver cirrhosis and this is significantly better in cases with Child Pugh Class A.

Conflicts of interest: None declared.

REFERENCES

1. Spence RAJ. Surgical measures for active variceal bleeding. *Gastrointestinal Endoscopy Clinics of North America*, 1992; 2: 77-94.
2. Westaby D. Emergency and elective endoscopic therapy for variceal haemorrhage. *Ballieres Clin Gastroenterol*, 1992; 6: 465-80.
3. Del Arbol LR, de Argila M, Vasquez C, et al. Endoscopic measurement of variceal pressure (VP) during haemorrhage from esophageal varices (HEV). *Hepatology*, 1992; 6: 81.
4. Ready JB, Robertson AD, Gaff JS, Rector WG Jr. Assessment of the risk of bleeding from esophageal

- varices by continuous monitoring of portal pressure. *Gastroenterology*, 1991; 100: 1403-10.
5. Fogel MR, Knaver M, Andress LL. Continuous intravenous vasopressin in active upper gastrointestinal bleeding. A placebo-controlled trial. *Ann Intern Med*, 1982; 96: 565-9.
 6. Hsia H-C, Lee F-Y, Tsai Y-T, et al. Comparison of somatostatin and vasopressin in the control of acute esophageal variceal hemorrhage: a randomized controlled study. *Clin. J Gastroenterol*, 1990; 7: 71-8.
 7. Hwang S-J, Lin H-C, Chang C-F, et al. A randomized controlled trial comparing octreotide and vasopressin in the control of acute esophageal variceal bleeding. *Hepatology*, 1992; 16: 320-5.
 8. Saari A, Klvilaakso E, Inberg M, et al. Comparison of somatostatin and vasopressin bleeding esophageal varices. *Amj Gastroenterol*, 1990; 85: 804-7.
 9. Freeman JG, Cobden I, Record CO. Placebo-controlled trial of terlipressin (glypressin) in the management of acute variceal bleeding. *J Clin Gastroenterol*, 1989; 11: 58-60.
 10. Walker S, Stiehl A, Raedshc R, Kommerell B. Terlipressin in bleeding esophageal varices: a placebo controlled double-blind study. *Hepatology*, 1986; 6: 112-5.
 11. Bosch J, Teres J. Immediate management of variceal hemorrhage. *Gastrointestinal Endoscopy Clinics*.
 12. Bories P, Pomier-Layrargues G, Chotard JP, Jacob C, Michel H. Somatostatin reduces portal hypertension in cirrhotic patients. *Gastroenterol Clin Biol.*, 1980; 4: 61.
 13. Mastai R, Bosch J, Navasa M, et al. Effect of continuous infusion and bolus injections of somatostatin (SMT) on azygos blood flow hepatic and systemic hemodynamics in patients with portal hypertension, comparison with vasopressin. *Jf Hepatol*, 1986; 3(suppl 1): S53.
 14. Primignani M, Nolte A, Vazzoler M, et al. The effect of octreotide on intra oesophageal variceal pressure (IOVP) in liver cirrhosis is unpredictable [Abstract]. *Hepatology*, 1990; 12: 989.
 15. McCormick P, Chin J, Greenslade L, et al. Systemic haemodynamic effects of intravenous octreotide in patients with cirrhosis. *Gut*, 1993; 34(suppl 1): S42.
 16. Gines A, Salmeron J, Gineys P, et al. Effects of somatostatin on renal function in cirrhosis. *Gastroenterology*, 1992; 103: 1868-74.
 17. Groszmann RJ, Bosch J, Grace ND, et al. Hemodynamic events in a prospective randomized trial of propranolol versus placebo in the prevention of a first variceal hemorrhage. *Gastroenterology*, 1990; 99.
 18. McKee R. A study of octreotide in oesophageal varices. *Digestion*, 1990; 45(suppl 1): 60-5.