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Title

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I. Background:

Gastric varices represent 10 to 30% of all variceal bleedings. They are, however, more severe and associated with high mortality. Re-bleeding may occur in 35 to 90% of cases after spontaneous hemostasis.

II. Aim:

Evaluating safety and efficacy of N-butyl-2-Cyanoacrylate in secondary prophylaxis of gastric varices.

III. Materials And Methods:

This retrospective study was conducted at the Department of Medical Gastroenterology, Govt. Stanley Medical College, Chennai. All consecutive patients of either gender with gastric varices presenting with bleeding manifestations undergoing glue therapy from January 2020 to April 2024 were included.

IV. Results:

On an average, around 2 ml of N-butyl-2-Cyanoacrylate mixed with lipiodol was injected in bleeding gastric varices. Among 69 patients, 42 (64%) were male and 24 (36%) were female. The average age among males was 35.33 years and among females was 42.25 years. GOV2 was present in 44 patients (63.76%) and IGV1 in 25 patients (36.23%).

Etiology distribution:
- Ethanol-related DCLD: 30 (43%)
- NAFLD-related DCLD: 9 (13%)
- HBV-related DCLD: 9 (13%)
- Autoimmune-related DCLD: 5 (7%)
- NCPF: 5 (7%)
- Wilson's-related DCLD: 3 (4%)
- HCV-related DCLD: 2 (3%)
- EHPVO: 2 (3%)
- Cryptogenic: 1 (1%)
- Chronic Budd–Chiari syndrome: 1 (1%)
- ACLF with portal vein thrombosis: 1 (1%)

Among patients with GOV2, 13 patients (29.5%) had Grade 1 esophageal varices, 24 (54.54%) had Grade 2, and 7 (16%) had Grade 3. Eleven (16%) were post-EVL.

Late recurrent bleed occurred in 4 patients (6%) with IGV1 and in 2 patients (3%) with GOV2. Repeat glue therapy was required in 4 patients (6%), while 2 patients (3%) succumbed to major upper GI bleed.

V. Conclusion:

Gastric variceal bleeding is associated with higher mortality and more severe progression despite being less common than esophageal variceal bleeding. Hemostasis was achieved in all 69 patients (100%) following glue injection. Although complications such as distant embolization or bleeding from necrotic cast-induced gastric ulceration (reported in 0.5–4% cases) can occur, none were observed in this cohort. Cyanoacrylate glue therapy proved to be a safe and effective modality in the secondary prophylaxis of gastric varices.

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