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## Randomized Comparison of Variceal Ligation versus Sclerotherapy for the Treatment of Esophageal Varices

### Key Words

Endoscopic variceal ligation  
Endoscopic sclerotherapy  
Esophageal varices

### ABSTRACT

Endoscopic variceal ligation (EVL) and injection sclerotherapy (EIS) are both recommended for the treatment of esophageal varices including control of active bleeding, eradication of varices, and prevention of rebleeding. We conducted a prospective, randomized trial to compare the efficacy and safety of both methods in the management of patients with esophageal varices. All patients were cirrhotic, including 29 EIS and 32 EVL. Treatment was repeated every 2 weeks until varices were eradicated. After eradication, patients were followed-up at the outpatient department every 2-4 weeks, and repeat endoscopy was performed every 3 months or for recurrent bleeding. The efficacy of treatment was assessed in terms of eradication of varices, number of sessions for variceal eradication, rebleeding episodes prior to and after eradication, and associated complications. No significant differences were found in the hemostasis effect (86% vs. 89%) and eradication (90% vs. 84%) for esophageal varices between the EIS and EVL groups, respectively. EIS patients had a higher complication rate and required significantly more sessions ( $4.6 \pm 1.9$  vs.  $3.1 \pm 1.2$ ) and time ( $7.2 \pm 2.4$  vs.  $4.6 \pm 2.1$  weeks) achieving eradication. We consider that EVL is better than EIS for the management of esophageal varices because of fewer complications and faster eradication of varices.