中文題目：使用氫離子幫浦阻斷劑並沒有降低食道靜脈曲張結紮術後死亡率 – 單一中心研究

英文題目：Proton pump inhibitor use did not lower the mortality rate following esophageal variceal ligation: a single center experience

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前言：Endoscopic variceal band ligation (EVL) is one of the effective procedure to control and prevent variceal bleeding in patients with liver cirrhosis, but it can be complicated by bleeding from post-EVL ulcers. Several studies have reported that proton pump inhibitors (PPI) decrease the size of post-EVL ulcers. However, evidence is limited as to whether PPIs actually reduce the risk of bleeding or lower the mortality after EVL. To determine whether PPI causes post-ligation bleeding and mortality reduction effect in EVL within 30 days.

材料及方法：We retrospectively evaluated patients that underwent emergent or prophylactic EVL from January 2018 to December 2018 in Chi-Mei Medical Center.

結果：A total 182 patients meet the inclusion and the exclusion criteria were enrolled. 164 patients have received PPI and 18 patients were in the group that without PPI use. A total 20.1% (N=33) patients have post-EVL bleeding within 30-day in the group of "Use PPI" and none of the patient have post-EVL bleeding within 30-day in the "Non-use PPI" group. There is no significant difference to mortality in 30 days after EVL between the "Use PPI" and "Non-use PPI" groups (6.7% vs. 5.6%).

結論：In conclusion, post-EVL PPI use does not show better outcomes in post-EVL 30-day bleeding and mortality rate compared to the patients without PPI use.
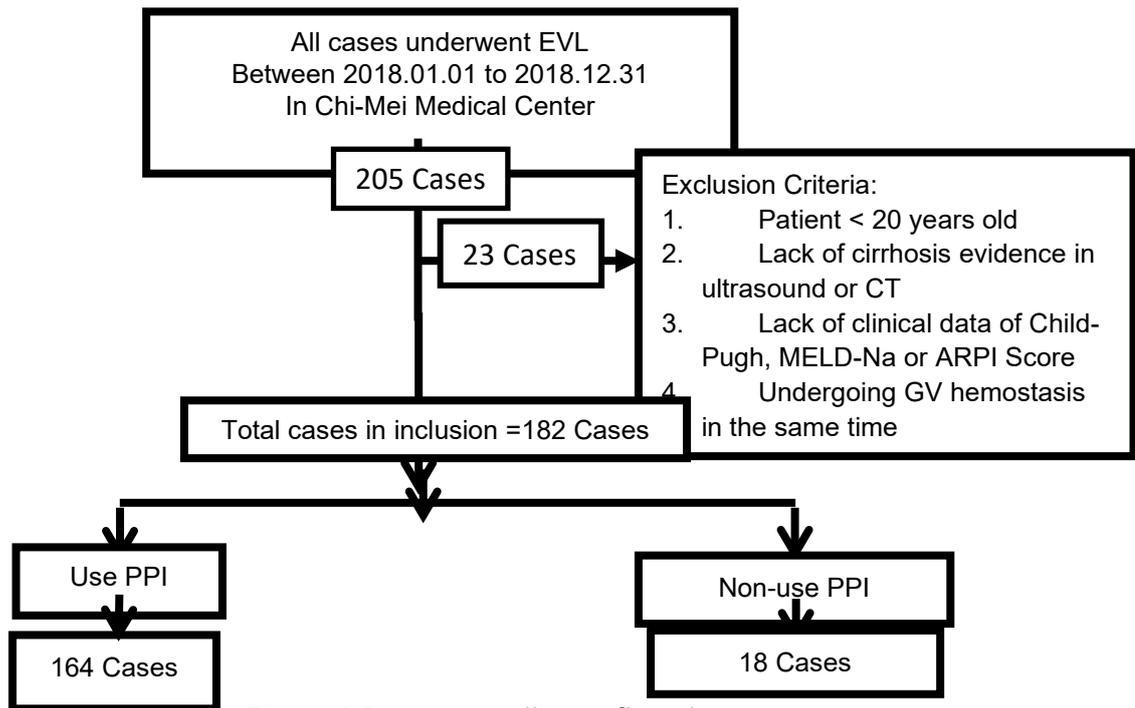
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┌─────────────────────────────────────┐
│        All cases underwent EVL       │
│    Between 2018.01.01 to 2018.12.31  │
│       In Chi-Mei Medical Center      │
└─────────────────────────────────────┘
          ┌──────────────┐
          │  205 Cases   │
          └──────────────┘
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Exclusion Criteria:
1.   Patient < 20 years old
2.   Lack of cirrhosis evidence in ultrasound or CT
3.   Lack of clinical data of Child-Pugh, MELD-Na or ARPI Score
4   Undergoing GV hemostasis in the same time

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          ┌──────────────┐
          │   23 Cases   │
          └──────────────┘
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Total cases in inclusion =182 Cases

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┌──────────────┐              ┌──────────────┐
│   Use PPI    │              │  Non-use PPI │
└──────────────┘              └──────────────┘
┌──────────────┐              ┌──────────────┐
│  164 Cases   │              │   18 Cases   │
└──────────────┘              └──────────────┘
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Figure 1 Patient enrollment flow diagram.

		Use PPI	Non-use PPI
Total Case Number		164	18
Average of age		58.7	61.6
Gender	Male	123 (75.0%)	13 (72.2%)
	Female	41 (25.0%)	5 (27.8%)
Indication: Emergent treatment		125 (76.2%)	1 (5.6%)
Child-Pugh Score	A	35 (21.3%)	11 (61.1%)
	B	99 (60.3%)	5 (27.8%)
	C	30 (18.3%)	2 (11.1%)
ARPI Score	>=2	64 (39.0%)	6 (33.3%)
	0.5~1.99	87 (53.0%)	12 (66.7%)
	<0.5	13 (7.9%)	0 (0)
MELD-Na Score (Estimated 90-day mortality)	<= 22 (<= 10%)	141 (86.0%)	17 (94.4%)
	22.01~31.99 (11~64%)	21 (12.8%)	1 (5.6%)
	>= 32 (>= 65%)	2 (1.2%)	0 (0)
EV Grade	1	18 (11.0%)	2 (11.1%)
	2	109 (66.5%)	13 (72.2%)
	3	37 (22.6%)	3 (16.7%)

Figure 2 Patient Characteristics

	Use PPI	Non-use PPI
Bleeding within 30 days	33 (20.1%)	0 (0)
All-cause mortality within 30 days	11 (6.7%)	1 (5.6%)

Figure 3 "Bleeding" and "All-cause mortality" within 30 days