SUMMARY

**INTRODUCTION:** A study to determine the prevalence of oesophageal varices among chronic liver disease (CLD) patients was undertaken between October 2003 and September 2004 at the Jos University Teaching Hospital (JUTH).

**METHODS:** Eighty (67 males and 13 females) of the 100 consecutive patients with CLD recruited from the Medical Out patients’ clinic and the medical wards of JUTH were stratified based on Child Turcotte-Pugh classification for severity of CLD into three groups. They had upper gastrointestinal endoscopy to detect varices and other lesions using end viewing Olympus endoscopes. Each patient also had abdominal ultrasonography performed to see if this non invasive mode of investigation could predict the presence of varices.

**RESULTS:** The prevalence of oesophageal varices was 75%. Among those with varices, 88.3% had grade 2 or 3 varices, while 73.3% had moderate/large varices. Red signs were seen in 35% with red whale markings as the predominant red sign. Gastric varices were seen in 12.5%, peptic ulcer in 16.2% and portal hypertensive gastropathy in 13% of the subjects respectively. There was no significant relationship between occurrence of varices and severity of CLD (p>0.05); while there was an association between variceal size and the severity of liver disease (P<0.05).

Advancing age, ascites, shrunken liver span and low platelet count were clinical variables identified as independent predictors of oesophageal varices. Ascites (P<0.05), thickened gallbladder wall (P<0.0001), shrunken liver size (P<0.001), enlarged splenic size (P<0.05) and a dilated portal vein (P=0.05) were significantly associated with varices on abdominal ultrasound.

**CONCLUSION:** The prevalence of oesophageal varices in JUTH is comparable to that seen in the western world. However, the study population had a high occurrence of variceal features that put them at increased risk of variceal bleeding.

This high prevalence of oesophageal varices among CLD patients seen in this study calls for screening endoscopy where possible at initial evaluation of CLD. Abdominal ultrasound and clinical features may serve as predictors of varices where endoscopic facilities are not available.