



Benefit of combination β -blocker and endoscopic treatment to prevent variceal rebleeding: A meta-analysis

Submitted by Emmanuel Lemoine on Fri, 07/18/2014 - 09:41

Titre	Benefit of combination β -blocker and endoscopic treatment to prevent variceal rebleeding: A meta-analysis
Type de publication	Article de revue
Auteur	Funakoshi, Natalie [1], Segalas-Largey, Frederique [2], Duny, Yohan [3], Oberti, Frédéric [4], Valats, Jean-Christophe [5], Bismuth, Michael [6], Daures, Jean-Pierre [7], Blanc, Pierre [8]
Editeur	Baishideng Publishing Group Co. Limited
Type	Article scientifique dans une revue à comité de lecture
Année	2010
Langue	Anglais
Date	2010/12/21
Numéro	47
Pagination	5982 - 5992
Volume	16
Titre de la revue	World Journal of Gastroenterology
ISSN	1007-9327
Résumé en anglais	<p>AIM: To determine whether the association of β-blockers with endoscopic treatment is superior to endoscopic treatment alone for the secondary prophylaxis of oesophageal variceal bleeding., METHODS: Randomised controlled trials comparing sclerotherapy (SCL) with SCL plus β-blockers (BB) or banding ligation (BL) with BL plus BB were identified. Main outcomes were overall and 6, 12 and 24 mo rebleeding rates, as well as overall and 6, 12 and 24 mo mortality. Two statistical methods were used: Yusuf-Peto, and Der Simonian and Laird. Inter-trial heterogeneity was systematically taken into account., RESULTS: Seventeen randomised controlled trials were included, 14 with SCL and 3 with BL. Combination β-blocker and endoscopic treatment significantly reduced rebleeding rates at 6, 12 and 24 mo and overall [odds ratio (OR): 2.20, 95% confidence interval (CI): 1.69-2.85, $P < 0.0001$] compared to endoscopic treatment alone. Mortality at 24 mo was significantly lower for the combined treatment group (OR: 1.83, 95% CI: 1.16-2.90, $P = 0.009$), as well as overall mortality (OR: 1.43, 95% CI: 1.03-1.98, $P = 0.03$)., CONCLUSION: Combination therapy should thus be recommended as the first line treatment for secondary prophylaxis of oesophageal variceal bleeding.</p>
URL de la notice	http://okina.univ-angers.fr/publications/ua3526 [9]
DOI	10.3748/wjg.v16.i47.5982 [10]

Liens

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- [10] <http://dx.doi.org/10.3748/wjg.v16.i47.5982>

Publié sur *Okina* (<http://okina.univ-angers.fr>)