

Letter to the Editor

Comment on “Outcomes and Recurrence Rate of Esophageal Varices after Endoscopic Treatment in Patients with Alcoholic Cirrhosis and Viral Cirrhosis”

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To the Editor:

The study by Furuichi et al.¹, entitled “Outcomes and Recurrence Rate of Esophageal Varices after Endoscopic Treatment in Patients with Alcoholic Cirrhosis and Viral Cirrhosis,” presents clinically important and insightful findings. This study comprehensively examined outcomes and recurrence rates following endoscopic treatment for esophageal varices from the perspective of differing cirrhosis etiologies, and provides clinically relevant insights into prognostic assessment and optimization of long-term follow-up strategies in daily practice. Although overall survival was higher in the alcoholic cirrhosis group in the unadjusted analysis, this difference disappeared after exclusion of patients with a history of hepatocellular carcinoma and after propensity score matching. In particular, the direct comparison between the two most prevalent etiologies—alcoholic cirrhosis and viral cirrhosis—represents a meaningful contribution to this field.

With regard to the prognosis of esophageal variceal bleeding and outcomes after therapeutic intervention, it has traditionally been suggested that the etiology of cirrhosis, particularly alcoholic cirrhosis, may be associated with poorer outcomes and higher recurrence rates. Proposed explanations have included continued alcohol consumption, poor nutritional status, and the impact of comorbid conditions. However, accumulating evidence from recent original studies consistently indicates that prognosis is primarily determined not by etiology itself as an independent determinant, but by the severity of hepatic dysfunction, overall systemic condition, and the presence of complications.

In a retrospective cohort study of patients with acute esophageal variceal bleeding, Terres et al.² demonstrated that the presence and severity of acute-on-chronic liver

failure (ACLF) are independently associated with 30- and 90-day mortality. These findings underscore the central prognostic role of liver reserve indices, such as the Child–Pugh and Model for End-Stage Liver Disease (MELD) scores, and suggest that underlying hepatic functional impairment exerts a greater influence on patient outcomes than the bleeding episode per se.

Similar trends have been observed in studies focusing on outcomes after endoscopic therapy. Attaqi et al.³, in an investigation of rebleeding following endoscopic variceal ligation, identified Child–Pugh classification, MELD score, non-selective beta-blocker use, and factors related to post-treatment management as significant predictors of rebleeding, whereas cirrhosis etiology was not a major independent determinant. Furthermore, a recent systematic review and meta-analysis by Giri et al.⁴, encompassing more than 13,000 patients, demonstrated that higher MELD scores and advanced Child–Pugh class were among the most consistent predictors of early bleeding after endoscopic variceal ligation. Notably, etiological factors were not identified as major determinants, further reinforcing the concept that post-treatment outcomes are predominantly driven by hepatic functional reserve and disease severity rather than cirrhosis etiology.

This perspective is consistent with international clinical guidelines. According to the European Society of Gastrointestinal Endoscopy (ESGE) guideline by Gralnek et al.⁵, risk stratification of patients with esophageal or gastric variceal bleeding should be based on the Child–Pugh score, MELD score, and clinical severity at the time of bleeding, without emphasizing etiology-specific prognostic differences. This guideline-based approach closely aligns with the conclusions presented by Furuichi et al.¹.

Taken together, the conclusion that prognosis and recurrence after endoscopic treatment are primarily determined by hepatic function and associated complications, irrespective of cirrhosis etiology, is well supported by existing evidence and international consensus. The clinical implications of this study are substantial, as it reinforces the importance of comprehensive risk assessment centered on liver reserve and disease status, rather than excessive reliance on

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etiological classification, in the long-term management of patients following treatment for esophageal varices.

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References

1. Furuichi Y, Nishiguchi R, Shimakawa T, Fujiwara T, Sato K, Kato H. Outcomes and recurrence rate of esophageal varices after endoscopic treatment in patients with alcoholic cirrhosis and viral cirrhosis. *J Nippon Med Sch*. 2024; 91 (2): 180–9.
2. Terres AZ, Balbinot RS, Muscope ALF, et al. Acute-on-chronic liver failure is independently associated with higher mortality for cirrhotic patients with acute esophageal variceal hemorrhage: retrospective cohort study. *World J Clin Cases*. 2023; 11 (17): 4003–18.
3. Attaqi K, Amazguiou S, El Fadli I, et al. Recurrent hemorrhage after esophageal variceal ligation: what are the predictive factors? *SAS J Med*. 2025; 11 (2): 121–5.
4. Giri S, Sundaram S, Jearth V, Bhugumalla S. Predictors of early bleeding after endoscopic variceal ligation for esophageal varices: a systematic review and meta-analysis. *Clin Exp Hepatol*. 2022; 8 (4): 267–77.
5. Gralnek IM, Camus Duboc M, Garcia-Pagan JC, et al. Endoscopic diagnosis and management of esophagogastric variceal hemorrhage: European Society of Gastrointestinal Endoscopy (ESGE) Guideline. *Endoscopy*. 2022; 54 (11): 1094–120.