

Letter to the Editor

Response to 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:

We are grateful to Dr. Kanno for his comments¹ on our article². We would also like to express our sincere gratitude to Dr. Kanno for his extremely high evaluation of our paper's content.

As Dr. Kanno explained, regarding the prognosis and outcome after therapeutic intervention of esophageal variceal bleeding, it has been pointed out that factors associated with alcoholic cirrhosis may be associated with poor prognosis and increased recurrence rates. However, no studies have clarified whether continued alcohol consumption is indeed a factor in the recurrence of esophageal variceal bleeding, and many papers have concluded that factors related to the Child-Pugh classification, Model for End-Stage Liver Disease score, and post-treatment management are important predictors of rebleeding. In other words, no studies have identified the etiology of liver cirrhosis as a major factor in the recurrence of esophageal varices. Therefore, the objective of our study was to clarify whether alcoholic cirrhosis caused by continued drinking is actually a factor in the recurrence of bleeding in esophageal varices. Our study seems to be novel because in previous reports, the patients studied were either cirrhotic patients who had successfully abstained from alcohol or had cirrhotic liver disease while still under viral control. In fact, in our preliminary study, we compared a group of cirrhotic patients who continued to drink alcohol and a group of hepatitis C cirrhotic patients who had become virus-negative. The results

showed that the rate of recurrence of esophageal varices was higher in the group with continued drinking. However, since this result was obvious and was thought to have little scientific novelty, we decided to compare the group with cirrhosis who continued to drink alcohol and a non-virus control group with cirrhosis. The most important point to emphasize in our study² is that alcohol consumption causes liver damage equivalent to that seen in cirrhosis caused by persistent viral infection, and as a result, esophageal varices also recur at the same level. Based on these results, we strongly recommend that patients with cirrhosis abstain from alcohol and take oral antiviral medication.

We agree that prognosis and recurrence after endoscopic treatment are primarily determined by liver function and associated complications, regardless of the etiology of cirrhosis. In the long-term management of patients after treatment for esophageal varices, comprehensive risk assessment focusing on hepatic reserve and disease status is important, rather than relying excessively on etiological classification. However, we would like to add that abstaining from alcohol and eliminating viruses are very important to maintain liver reserve capacity. We are truly grateful for the comments, Dr. Kanno.

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