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## Oxytocin as an alternative to vasoactive treatment in variceal upper digestive hemorrhage in a Malagasy hospital

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The management of variceal upper digestive hemorrhage is focused on vasoactive drugs; the most common are somatostatin, octreotide, terlipressin. Unfortunately, those latter are unavailable in Madagascar; during the past years, we noticed that the oxytocin was used as an alternative. The oxytocin participates in the regulation of blood pressure and can also induce vasoconstriction. The aim of this study was to assess the effect of oxytocin on hemodynamic parameters and management in variceal digestive hemorrhage. A retrospective single-center study was carried out in the surgical intensive care unit at the Andrianaivalona University Hospital, Antananarivo, from January 2010 to December 2014 (60 months). Patient records presenting variceal upper gastrointestinal bleeding, with or without therapy with oxytocin, were analyzed. This molecule was administrated by continuous infusion (10 to 15 IU). The Pearson correlation test was used (XLSTAT® 10.0). During this period, 175 cases were studied, was  $47.5 \pm 13.6$  yo, mostly men (sex ratio: 2.3). The average dose of oxytocin was  $11.2 \pm 2.5$  IU, from day 1 until day 12 of hospitalization. The use of oxytocin significantly decreased the mean arterial pressure ( $p=0.01$ ) and heart rate ( $p<0.0001$ ). Moreover, oxytocin limited the administration of crystalloids ( $p<0.0001$ ), colloids ( $p=0.029$ ) and red blood cells ( $p<0.0001$ ). Thirty-two patients died (18.3%) without correlation with the use of oxytocin. Due to the unavailability of the main vasoactive agents in the management of variceal upper digestive hemorrhage, the use of oxytocin seems to be interesting and may be an alternative in Malagasy context.

### Biography

Aurelia Rakotondrainibe is an anesthetist and intensivist working in Antananarivo-Madagascar. After studying in the Faculty of Medicine of Antananarivo, Bordeaux, and Paris, her work is essentially focused on anesthesia and intensive care of digestive pathologies, perioperative pain, and postoperative recovery.

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