both in experimental as well as clinical studies. However, these ulcers would heal in their natural history if they are provided a rest period of 3 weeks. Unless the ulcers are deep or large, they would heal without any cauterization of the esophageal wall. Mediastinitis or esophago-pleural fistulization following EVS should also not occur unless the injections are deep into the esophageal wall.

On the basis of our experience and the available data in the literature, we feel that alcohol is an effective sclerosant if used judiciously. Taking into account its cost and availability, it scores over other sclerosants. Moreover, since AA causes immediate blanching of the varices and because of the fact that oil based sclerosants need a greater pressure to inject, we feel that AA is the ideal agent for emergency EVS.

References
1 Acharya SK, Dunstathry S, Bhargava DK. Alcohol is not a desirable sclerosant. Indian J Gastroenterol 1990; 9: 82-4.
2 Sarin SK, Alcohol for endoscopic sclerotheraphy: There is truth in wine, Indian J Gastroenterol 1990; 9: 84-7.

Sir,

We would like to review our experience which made us abandon the use of absolute alcohol as a sclerosant.

Since 1984, we have been using ethanolamine olate 1% for sclerosis of esophageal varices, with encouraging results. In 1985, we decided to use absolute alcohol as a variceal sclerosant because it is cheap and readily available. However, a planned pilot study on 10 consecutive cases was terminated after treating 7 cases because of an unacceptable high complication rate and one death. Major complications occurred in 5 of the 7 cases in the form of large, deep esophageal ulcers in 4 cases, major bleeding episodes in four and stricture in the distal esophagus needing dilatation in two. These complications were associated with one death. In contrast, the use of ethanolamine olate on 62 cases was associated with major complications in only 16.1% with no death. Large, deep esophageal ulcers occurred in 9-7% and stricture in none. We concur with Acharya et al that absolute alcohol is not a safe variceal sclerosant.

References
1 Acharya SK, Dunstathry S, Bhargava DK. Alcohol is not a desirable sclerosant. Indian J Gastroenterol 1990; 9: 83-4.