The first-line treatment of active esophageal variceal hemorrhage is a combination of pharmacologic therapy and endoscopic treatment, which is superior to either modality alone. Terlipressin and somatostatin are the preferred vasoactive drugs, though octreotide can be used if these drugs are not available. EBL should be preferred to EIS due to better outcome and a more favorable adverse effect profile. In the case of severe, active bleeding, EIS can be preferred due to technical ease of sclerotherapy over band ligation in this setting. Figure 4-3 summarizes management of a cirrhotic patient during an acute variceal bleeding episode.

**Practical Recommendations**

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