Successful treatment using a side-viewing duodenoscope for esophagojejunal varices on the jejunal side of the anastomosis site after total gastrectomy

Esophagojejunal varices arising after total gastrectomy and esophagojejunal anastomosis are a rare complication of portal hypertension [1–3]. Endoscopic treatments can become challenging due to fibrosis and bleeding on the jejunal side after anastomosis. Few reports have documented the successful treatment of esophagojejunal varices after gastrectomy. We report a case of esophagojejunal variceal hemorrhage treated using a side-viewing duodenoscope.

A 67-year-old man, who underwent a total gastrectomy for gastric cancer 12 years previously, presented to our hospital with massive melena. He had a history of alcoholic cirrhosis and esophageal variceal bleeding. Abdominal contrast-enhanced computed tomography showed a dilated vein in the elevated jejunal limb supplying the varices. He was diagnosed with hemorrhage due to esophagojejunal varices. However, the varices were thin, and interventional radiology was difficult. Therefore, endoscopic treatment was attempted.

First, we performed esophagogastroduodenoscopy (EGD) (GIF-H290; Olympus Co., Tokyo, Japan), which revealed massive hemorrhage in the esophagus and jejunum (Fig. 1). However, we could not observe the bleeding point because it was located inside the anastomosis. As cap attachment was ineffective (Fig. 2), a side-viewing duodenoscope (JF-260V; Olympus Co.) was used,
and the bleeding point was clearly visual-
ized on the jejunal side of the anastomo-
sis (▶ Fig. 3); however, endoscopic vari-
ceal ligation was deemed to be difficult
owing to the close proximity to the anas-
tomosis site. We therefore used clips
(SureClip; Micro-Tech Co., Ltd., Nanjing,
China) to treat the bleeding (▶ Video 1).
Clips could be applied easily as the bleed-
ing point was clearly observed using the
side-viewing duodenoscope.
No adverse events occurred after the
endoscopic procedure. EGD 2 days post-
procedure confirmed that there was no
bleeding (▶ Fig. 4). The described meth-
method had advantages over EGD as the inside
of the anastomosis could be visualized
with the side-viewing duodenoscope and
only a change in endoscope was required.

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Competing interests

The authors declare that they have no con-
flict of interest.