Endoscopic ultrasound-guided vascular intervention for pancreaticojejunal variceal bleeding

Ectopic variceal bleeding is rare, only accounting for up to 5% of all variceal bleeding [1]; however, a previous study reported a higher risk of bleeding and mortality for ectopic varices than for esophageal varices [2]. Endoscopic treatment can be difficult because of difficulty in identifying the location of the bleeding [3]. Endoscopic ultrasound (EUS)-guided vascular intervention has recently been reported to be particularly useful in situations where traditional approaches may be challenging or ineffective [4].

A man in his 70s was admitted to our hospital for the third time with tarry stools and anemia. He had undergone pancreaticoduodenectomy for intraductal papillary mucinous neoplasm 3 years previously. It was possible to reach the site of the pancreaticojejunostomy with a colonoscope and pancreaticojejunal varices were detected. Twice previously, the patient had undergone endoscopic clipping and had received a blood transfusion before being discharged; however, he was readmitted within 1.5 years, at which time a computed tomography (CT) scan and endoscopy revealed pancreaticojejunal varices (Fig. 1). Because of his recurrent bleeding, we planned to perform EUS-guided vascular intervention (Video 1).

We changed the scope to a forward-viewing linear echoendoscope (TGF-UC260 J; Olympus, Tokyo, Japan), which was passed through the afferent jejunal limb. EUS was used to detect the pancreaticojejunal varices using color Doppler. We punctured the varices with a 19G needle (EZ shot 3 plus; Olympus) before injecting a mixture of 1.5 mL of Histoacryl and 0.5 mL of Lipiodol (2 mL in total). Post-treatment fluoroscopy confirmed successful occlusion of the varices (Fig. 2a). Plain CT performed on the following day also showed complete variceal occlusion (Fig. 2b). No adverse events, such as pancreatitis, were observed, and the patient was discharged on the fourth day after the procedure. Follow-up endoscopy, 1 year
later, revealed obliterated varices (Fig. 3). No further bleeding has occurred in more than 1.5 years. To the best of our knowledge, this is the first report of EUS-guided vascular intervention for pancreaticojejunal variceal bleeding. This procedure will be one of the options in future.

Endoscopy_UCTN_Code_TTT_1AS_2AG

Conflict of Interest

The authors declare that they have no conflict of interest.

References