Duodenal and rectal varices as a source of severe upper and lower gastrointestinal bleeding

A 57-year old patient was admitted with hematochezia and hematemesis. The patient’s history included portal vein cavernous transformation after posttraumatic splenectomy 34 years ago. A nonbleeding elevated lesion with a small ulcer was detected on the tip of a large varix (Fig. 1). Sigmoidoscopy on the following day revealed nonbleeding rectal varices. Duplex ultrasonography confirmed portal vein cavernous transformation. Given both upper and lower gastrointestinal collateral and bleeding, portosystemic decompression was considered. However, magnetic resonance imaging (MRI) angiography could not identify a patent vein adequate for a transjugular intrahepatic portosystemic stent shunt (TIPSS) or surgical shunting. Therefore, the patient was scheduled for endoscopic therapy.

During upper endoscopy, a massive amount of blood began to spurt from the previously identified ulcerated area on the varix (Fig. 2, Video 1). The bleeding was stopped by band ligation (Fig. 3). Band ligation of the rectal varices was carried out using a gastroscope in retroflexion. The patient was stable after successful ligation, and propranolol and a proton pump inhibitor were started. Follow-up endoscopy showed scarring after band ligation without stigmata of re-bleeding (Fig. 4). Residual varices were again band ligated.

During upper endoscopy, a massive amount of blood began to spurt from the previously identified ulcerated area on the varix (Fig. 2, Video 1). The bleeding was stopped by band ligation (Fig. 3). Band ligation of the rectal varices was carried out using a gastroscope in retroflexion. The patient was stable after successful ligation, and propranolol and a proton pump inhibitor were started. Follow-up endoscopy showed scarring after band ligation without stigmata of re-bleeding (Fig. 4).

Ectopic varices are rare source of gastrointestinal bleeding, and account for 1 – 5% of all variceal bleeding [1]. In a 10-year follow-up study, the incidence of duodenal varices in portal hypertension was only 0.4% [2]. In 750 patients with significantly elevated portal pressure gradient receiving a TIPSS, in 14 years only four were carried out for duodenal and 12 for rectal varices [3]. Duodenal bleeding often occurs from erosions on the varix, as in our patient, and has unanimously been reported as severe. The red colour sign seen in oesophageal varices is usually absent [4]. Because of the infrequency of ectopic variceal bleeding, treatment modalities have not been validated prospectively. This case report shows that bleeding from ectopic varices of the upper and lower gastrointestinal tract can be successfully treated by endoscopic band ligation.

Endoscopy_UCTN_Code_CCL_1AB_2AZ_3AD

M. Goetz, F. K. Rahman, P. R. Galle, R. Kiesslich
Medizinische Klinik und Poliklinik der Johannes Gutenberg-Universität Mainz, Mainz, Germany

References

Bibliography
Endoscopy 2009; 41: E169
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
M. Goetz, PD Dr. med.
Medizinische Klinik und Poliklinik der Johannes Gutenberg-Universität Mainz Langenbeckstr. 1
55131 Mainz
Germany
Fax: +49-6131-175552
mgoetz@mail.uni-mainz.de