

Colonic varices as a result of persistent mesocolon of the ascending and descending colon

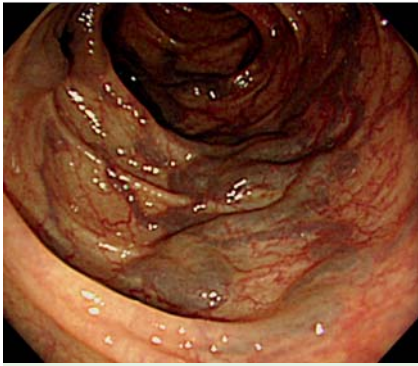


Fig. 1 View of the colonic varices obtained on colonoscopy.

A 49-year-old man had a 15-year history of slight melena, which had occurred once or twice a year. Colonoscopy during a health checkup revealed nodular, phyma-like, large varices in a 10 cm area involving the descending to sigmoid colon (▶ **Fig. 1**).

Neither flare nor hemorrhage was observed. Plain abdominal radiography showed colonic gas moving to the right (▶ **Fig. 2**).

Contrast-enhanced irrigoscopy revealed impairment of the colonic course. The continuity of a large number of polyp-like protrusions was observed in the descending colon region, which was consistent with the varices on endoscopy (▶ **Fig. 3**). Upper-digestive-tract endoscopy did not show any abnormalities. Neither abdominal ultrasonography nor computed tomography (CT) revealed portal hypertension. To confirm the course and localization of the varices, CT angiography was performed. The stasis of venous blood flow was noted in the upper stream of the inferior mesenteric vein (IMV). The IMV flowed into the superior mesenteric vein (SMV) via flexion and/or displacement, confirming that venous congestion was consistent with the varix site shown by irrigoscopy (▶ **Fig. 4**).

Seventy-five percent of colonic varices are regarded as portal-hypertension-related lesions. In addition, idiopathic varices, vascular malformation, familial varices, and compromise of mesenteric vein circulation (thrombosis, tumor, pancreatitis) have been reported [1–3]. This is the first



Fig. 2 Plain abdominal radiograph showed colonic gas moving to the right.

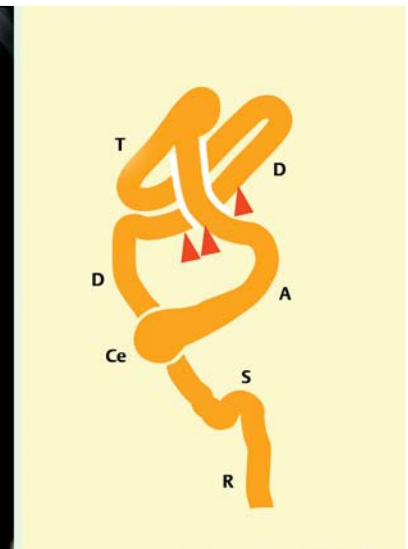


Fig. 3 **a** Contrast-enhanced irrigoscopy revealed transfer of the descending colon to the right through an area below the ascending colon, showing an abnormality in the intestinal course. The arrows indicate the continuity of a large number of polyp-like protrusions, suggesting the varix site. **b** Schematic diagram.

case of varices complicated by persistent splenic mesocolon.

Persistent mesocolon is an anomaly that appears after 5 months of gestation, that is, during the developmental process. It is associated with the absence of fusion between the descending colon mesentery and posterior lateral parietal peritoneum.

The residual mesentery involves the splenic curvature to sigmoid colon in some cases [4,5]. In the present case, free movement to the right (has resulted in such a course. The patient had an anomaly in which the ascending colon was also not fixed.



Fig. 4 Computed tomography (CT) angiography revealed stasis of venous blood in the upper stream of the inferior mesenteric vein (IMV). The IMV flowed into the superior mesenteric vein (SMV) via flexion and displacement.

Concerning the pathogenesis of topical varices in the present case, a persistent mesocolon-related abnormality in the intestinal course may have induced local hypertension of the intestinal venous system of the descending colon, leading to varix formation.

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