A 50-year-old man with alcoholic liver cirrhosis was admitted to our emergency department with massive hematochezia and hypovolemic shock. On admission, laboratory data included hemoglobin 3.1 g/dL, hematocrit 9.9%, platelet count $1 \times 10^9$/L, lactates 13.9 mmol/L, and international normalized ratio 1.29. Resuscitation was initiated with intravenous fluids and transfusion of 4 units of packed red blood cells. Terlipressin 2 mg and ceftriaxone 1 g were administered.

Esophagogastroduodenoscopy revealed small esophageal varices with no evidence of recent bleeding. After oral preparation, total colonoscopy was performed, which showed markedly dilated, tortuous veins with a visible fibrin plug in the ascending colon, indicative of colonic varix with recent bleeding (Fig. 1a); there was no blood in the colon. N-butyl-2-cyanoacrylate (Histoacryl; B. Braun, Melsungen, Germany) was injected into the varix, resulting in initial active spurting bleeding from the site of the fibrin plug and from the site of needle injection with N-butyl-2-cyanoacrylate. The patient had no recurrent bleeding and hemoglobin levels remained stable. He was discharged 7 days later with nonselective beta blocker medication.

Esophageal varices are a common cause of gastrointestinal bleeding in patients with portal hypertension, but ectopic varices are extremely rare (between 1% and 5% of all variceal bleeding), especially in the ascending colon [1, 2]. Because of the infrequency with which bleeding ectopic varices present, the ideal therapeutic intervention is unknown [3, 4]. This is the first report of successful endoscopic hemostasis with injection of N-butyl-2-cyanoacrylate in bleeding ascending colonic varices.

**Competing interests:** None