A 54-year-old woman was referred in 2002 because of recurrent pneumonitis associated with bronchiectasis. Common variable immunodeficiency was diagnosed (the serum gammaglobulin level was 0.09 g/dL [normal range 1.2–1.5 g/dL]), and she was treated with immunoglobulins. In 2004, gastroscopy revealed stage 2 esophageal and gastric varices, caused by nodular regenerative hyperplasia-related portal hypertension. In 2005 the patient developed Pseudomonas aeruginosa pneumonitis. In February 2006, endoscopic injection sclerotherapy with cyanoacrylate glue injections was performed for gastric variceal bleeding, with antibiotic prophylaxis with cefazolin. In April 2006 she had another hematemesis and further endoscopic injection sclerotherapy was required.

In May 2006, it was believed that she had developed an infection associated with the cyanoacrylate glue on the basis of the following features: (a) she had a fever and this began after the cyanoacrylate injection; (b) bronchial bacteriology was negative; (c) there was persistent sepsis, with blood samples positive for P. aeruginosa despite prolonged and specific antibiotic therapy; and (d) the findings of positron emission tomography using 18F-fluorodeoxyglucose (18F-FDG) radiotracer, with uptake at the location of the sclerotherapy (see Figure 1).

In conclusion, sclerotherapy with cyanoacrylate in patients with portal hypertension related to common variable immunodeficiency entails a specific risk of fatal sepsis, despite antibiotic prophylaxis and immunoglobulin treatment.

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Infection after cyanoacrylate injection: a fatal complication in a patient with portal hypertension associated with common variable immunodeficiency

Figure 1 Positron emission tomographic scan performed in May 2006 after 18F-fluorodeoxyglucose (18F-FDG) injection (5 MBq/kg): fused transaxial view (a) and coronal view (b). Note the 18F-FDG uptake at the location of the cyanoacrylate sclerotherapy of the gastric varices.
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