

Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

journal homepage: <http://Elsevier.com/locate/radcr>

## Interventional Radiology

## Bleeding stomal varices in portal hypertension

Karen Tran-Harding MD\*, Michael Winkler MD, Driss Raissi MD

Department of Diagnostic Radiology, University of Kentucky Chandler Medical Center, 800 Rose St, HX315E, Lexington, KY, USA

## ARTICLE INFO

## Article history:

Received 27 November 2017

Accepted 4 January 2018

Available online

## Keywords:

Stomal varices

TIPS

Cirrhosis

Colon cancer

Embolization

NBCA

## ABSTRACT

We report a case of a 50-year-old man with a history of liver cirrhosis and colon cancer post end colostomy presenting to the emergency department with stomal bleeding and passage of clots into the colostomy bag. The patient was treated with transjugular intrahepatic portosystemic shunt (TIPS) and concomitant embolization of the stomal varices via the TIPS shunt using N-butyl cyanoacrylate mixed with ethiodol. Although stomal variceal bleeding is uncommon, this entity can have up to 40% mortality upon initial presentation, given the challenges in diagnosis and management. Currently, there are no established standard treatments for stomal variceal bleeding. In addition, to the best of our knowledge, there are no cases in the current literature in which treatment of this entity is performed with a combination of TIPS shunt placement and N-butyl cyanoacrylate variceal embolization.

© 2018 the Authors. Published by Elsevier Inc. under copyright license from the University of Washington. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## Case report

The patient is a 50-year-old man who presented to the emergency department (ED) with abdominal pain in April 2015. The patient's history was significant for alcohol abuse, hepatitis C, and liver cirrhosis diagnosed 4 years previously. An abdominal computed tomography (CT) scan subsequently demonstrated liver cirrhosis (Fig. 1A and B) and an eccentric mass-like focal thickening of the sigmoid colon measuring 3.9 × 3.2 cm (Fig. 2A and B). The patient was then referred to the colorectal surgery for further workup. The patient underwent a colonoscopy, and a colonic mass biopsy revealed carcinoma in situ. The plan was to undergo repeat colonos-

copy for tattooing of the lesion. However, the patient then presented to the ED with abdominal pain and hematuria. A small-bowel follow-through demonstrated multifocal moderate small-bowel dilation and delayed transit time consistent with small-bowel obstruction (Fig. 3). A repeat CT of the abdomen and pelvis showed a 12 × 11.8 × 11.5 cm mixed soft tissue low-density lesion (Fig. 4A-C) at the superior right lateral aspect of the bladder without a clear fat plane demonstrated between the lesion and the bladder.

The patient then underwent a laparoscopic sigmoid colectomy with end colostomy and closure of the distal rectal stump in June 2015. Intraoperatively, the mass thought to be arising from the bladder was found to be an intraperitoneal abscess likely from a perforated appendix, so appendectomy and abscess

Competing Interests: The authors have declared that no competing interests exist.

Ethical approval: This case report does not contain any studies with human participants performed by any of the authors.

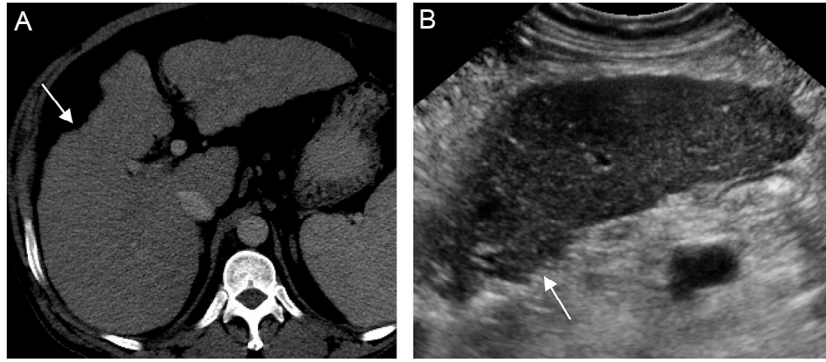
Informed consent was not obtained in this case report.

\* Corresponding author.

E-mail address: [Karentran@uky.edu](mailto:Karentran@uky.edu) (K. Tran-Harding).

<https://doi.org/10.1016/j.radcr.2018.01.010>

1930-0433/© 2018 the Authors. Published by Elsevier Inc. under copyright license from the University of Washington. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).



**Fig. 1 – Computed tomography (A) and ultrasound (B) demonstrating irregular, nodular hepatic contours (arrows) compatible with cirrhosis.**

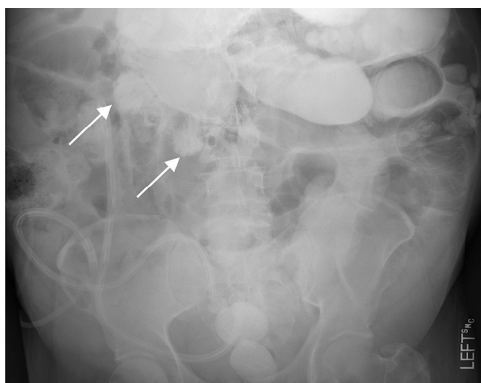


**Fig. 2 – Coronal (A) and sagittal (B) computed tomographies demonstrating an eccentric mass-like focal thickening (arrows) of the sigmoid colon measuring 3.9 × 3.2 cm, which proved to be colon adenocarcinoma.**

drainage were also performed during the surgery. The patient was then diagnosed with stage IIA colon adenocarcinoma. In July 2015, the patient underwent laparoscopic lysis of adhesions for release of small-bowel obstruction and drainage of a new peritoneal abscess.

The patient was not a surgical candidate for ostomy reversal and parastomal hernia repair secondary to portal

hypertension and engorged intra-abdominal veins. The patient then presented to the ED in April 2017 for diffuse abdominal pain and bleeding and passage of large clots through his stoma. The patient underwent esophagogastroduodenoscopy (EGD) and there was no evidence of varices or portal hypertensive gastropathy. CT angiogram performed on admission showed prominent venous collaterals to the stoma (Figs. 5A-C and 6). The patient then underwent TIPS procedure for portal venous decompression and selective inferior mesenteric vein varix embolization using N-butyl cyanoacrylate (NBCA) mixed with ethiodol in April 2017 (Figs. 7-10). The inferior mesenteric vein varices were confined only to the sigmoid colon, which was the external portion of the ostomy. The patient was discharged from the hospital in stable condition a few days later.



**Fig. 3 – A small-bowel follow-through demonstrates multifocal moderate small-bowel dilation (arrows) and delayed transit time consistent with small-bowel obstruction.**

## Discussion

Patients with liver cirrhosis and portal hypertension commonly develop varices that typically arise in the gastroesophageal region. Rarely, “ectopic” varices occur at other sites along the gastrointestinal tract; these varices account for only 5% of variceal bleeds [1]. The first case of stomal varices was described in 1968 during a study that used surgical colon exclusion for treatment of hepatic encephalopathy [2]. Since that time, there

Download English Version:

<https://daneshyari.com/en/article/8825102>

Download Persian Version:

<https://daneshyari.com/article/8825102>

[Daneshyari.com](https://daneshyari.com)