Sclerosant extravasation following endoscopic injection sclerotherapy for bleeding gastric varices

A 71-year-old woman was admitted to our hospital because of vomiting blood, and an endoscopic examination revealed ruptured gastric varices (● Fig. 1). Endoscopic injection sclerotherapy was carried out by injecting a total of 2 mL of sclerosant (a mixture of 1 mL of cyanoacrylate and the same amount of lipiodol) into the varices (● Fig. 2), and endoscopic hemostasis was achieved (● Fig. 3).

Immediately after the procedure, the patient complained of left upper quadrant pain, and she was treated with an analgesic. Radiograph and computed tomography (● Fig. 4a,b) revealed a high-density area around the left diaphragm, and we made a diagnosis of extravasation of the sclerosant following sclerotherapy. The symptoms resolved 1 day after the procedure.

Only one previous report has focused on extravasation following sclerotherapy for bleeding gastric varices. Cheng et al. reported a case of intraperitoneal sclerosant leakage after sclerotherapy with a 3 mL mixture of cyanoacrylate and lipiodol [1]. Sclerosant extravasation following sclerotherapy for gastric varices is a very rare but serious complication.

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- 1 Cheng HC, Cheng PN, Tsai YM et al. Sclerosant extravasation as a complication of sclerosing endotherapy for bleeding gastric varices. *Endoscopy* 2004; 36: 239–241

Fig. 1 Bleeding from gastric varices was revealed.

Fig. 2 Endoscopic injection sclerotherapy was carried out.

Fig. 3 Endoscopic hemostasis was successful.

Bibliography

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Fig. 4 a,b A computed tomography scan revealed a high-density area around the left diaphragm.