A novel technique in the management of refractory variceal bleeding

Acute esophageal variceal bleeding is a complication with high morbidity and mortality, causing 70% of upper gastrointestinal bleeding in patients with liver disease [1]. The first-line treatment of bleeding combines the use of vasoactive drug therapy, endoscopic band ligation, and prophylactic antibiotic administration, following initial hemodynamic resuscitation efforts [2]. Around 10%–20% of cases are refractory to conventional therapy, necessitating alternative therapies for hemorrhagic control [1]. Among the rescue therapies for variceal hemorrhage are the traditional use of balloon tamponade and transjugular intrahepatic portosystemic shunt (TIPS). The current use of a self-expanding metal stent (SEMS) has also been utilized as a new option for refractory bleeding [3]. We describe the case of a 52-year-old man with cirrhosis secondary to primary biliary cholangitis, who was admitted because of an episode of upper gastrointestinal hemorrhage 5 days after an elective variceal ligation session (Video 1). On endoscopic evaluation, massive bleeding was diagnosed (Fig. 1a) and a Sengstaken–Blakemore balloon was placed. At review 12 hours later, a further endoscopy was performed for balloon removal. During balloon removal, active bleeding was observed (Fig. 1b) and a covered esophageal SEMS (SX-ELLA Danis, Czech Republic) was placed. After stent placement, successful hemostasis was achieved (Fig. 1c). After 5 days of stent placement, the patient underwent TIPS (Fig. 2), and no new episodes of bleeding were observed (Fig. 3). With a substantial patient population who fail to respond to conventional medical therapy and band ligation, a variety of...
potential alternative therapies have been established. The stent used in our patient is specifically produced for controlling variceal bleeding and has a mean withdrawal time of 14 days. On this occasion, after 10 days of hospitalization, our patient died of kidney injury with the stent in place. The technical success rate of deploying this stent in patients with acute variceal bleeding is 96.7% [4], and it should be considered for use in patients with refractory bleeding. Stent placement is relatively safe with fewer complications than balloon tamponade, with both suitable as bridging therapy [5].

References


Competing interests

E. de Moura is a consultant for Boston Scientific and Olympus.

The authors

Gustavo Oliveira Luz, Sérgio Eiji Matuguma, Antonio Coutinho Madruga Neto, Igor Braga Ribeiro, Fernanda Dal Bello, Diogo Turiani Hourneaux de Moura, Eduardo Guimarães Hourneaux de Moura
Gastrointestinal Endoscopy Unit, Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, São Paulo, Brazil

Corresponding author

Eduardo Guimarães Hourneaux de Moura, MD, PhD
Gastrointestinal Endoscopy Unit, University of São Paulo Medical School, Oscar Freire 2250 conj. 316, Bairro Cerqueira César, São Paulo, 05409-012, Brazil
eduardoghdemoura@gmail.com

Bibliography

DOI https://doi.org/10.1055/a-1027-6241
Published online: 2019
Endoscopy
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Endoscopy E-Videos
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos

E. de Moura is a consultant for Boston Scientific and Olympus.