Acute variceal bleeding is a life-threatening event. Endoscopic band ligation is currently the recommended treatment [1]; however, in the case of reduced variceal volume, injection therapy with polidocanol or Histoacryl may be more appropriate. If both endoscopic options fail, placement of a Sengstaken–Blakemore tube should be considered [2], although other endoscopic therapies can be used [3].

A 54-year-old man with a known history of compensated alcoholic cirrhosis presented in the emergency room with acute hematemesis. The vital signs were stable and laboratory workup showed mild anemia and thrombocytopenia. Upper endoscopy revealed a peptic esophagitis with confluent ulceration and a spurting variceal hemorrhage in the cardia. After injection of 10 ml of 1% polidocanol, that did not control the bleeding, a Sengstaken–Blakemore tube should be considered [2], although other endoscopic therapies can be used [3].

Fig. 1 Transected Sengstaken–Blakemore tube compared with a complete tube (upper tube).