Histoacryl injection for treatment of varices in the ascending colon

A 50-year-old man with alcoholic liver cirrhosis was admitted to our emergency department with massive hematochezia and hypovolemic shock. On admission, laboratory data included hemoglobin 3.1g/dL, hematocrit 9.9%, platelet count $1 \times 10^9$/L, lactates 13.9 mmol/L, and international normalized ratio 1.29. Resuscitation was initiated with intravenous fluids and transfusion of 4 units of packed red blood cells. Terlipressin 2 mg and ceftriaxone 1g were administered.

Esophagogastroduodenoscopy revealed small esophageal varices with no evidence of recent bleeding. After oral preparation, total colonoscopy was performed, which showed markedly dilated, tortuous veins with a visible fibrin plug in the ascending colon, indicative of colonic varix with recent bleeding (Fig. 1a); there was no blood in the colon. N-butyl-2-cyanoacrylate (Histoacryl; B. Braun, Melsungen, Germany) was injected into the varix, resulting in initial active spurting bleeding from the site of the fibrin plug and from the site of needle injection with N-butyl-2-cyanoacrylate. Hemostasis was achieved following injection of 2 mL of N-butyl-2-cyanoacrylate, with initial active spurting bleeding from the site of the injection, which resolved after subsequent injections.

Colonic varix in the ascending colon with a visible fibrin plug. Hemostasis was achieved following injection of 2 mL of N-butyl-2-cyanoacrylate, with initial active spurting bleeding from the site of the injection, which resolved after subsequent injections.

The patient had no recurrent bleeding and hemoglobin levels remained stable. He was discharged 7 days later with nonselective beta blocker medication.

Esophageal varices are a common cause of gastrointestinal bleeding in patients with portal hypertension, but ectopic varices are extremely rare (between 1% and 5% of all variceal bleeding), especially in the ascending colon [1,2]. Because of the infrequency with which bleeding ectopic varices present, the ideal therapeutic intervention is unknown [3,4]. This is the first report of successful endoscopic hemostasis with injection of N-butyl-2-cyanoacrylate in bleeding ascending colonic varices.

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References


Corresponding author

Mafalda Sousa, MD
Department of Gastroenterology
Centro Hospitalar de Vila Nova de Gaia e Espinho
4424-502 Vila Nova de Gaia
Portugal
Fax: +351-227-830209
mafalda_m_p_sousa@hotmail.com

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Fig. 1 Histoacryl injection for treatment of varices in the ascending colon. a Ascending colonic varix with visible fibrin plug. b Active spurting bleeding from the site of the fibrin plug and from the site of needle injection with N-butyl-2-cyanoacrylate. c Colonic varix after hemostasis with 2 mL of injected N-butyl-2-cyanoacrylate.