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## Ectopic varices - An unusual cause of digestive hemorrhage

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Dear Editor,

A 54-year-old male with decompensated cirrhosis (Child-Pugh B 8, MELD-Na 23) due to viral and alcoholic liver disease and a history of ileostomy for intestinal obstruction was admitted with hemorrhage from the stoma, without hemodynamic instability. Laboratory tests showed anemia (Hb 7.3 g/dL), acute kidney injury (AKI 1B: urea 252

mg/dL, creatinine 3.7 mg/dL, sodium 131 mEq/L) and stable liver function (INR 1.4, albumin 2.8 g/dL, total bilirubin 2.3 mg/dL). Mechanical suturing of the ileostomy's mucocutaneous edge achieved initial hemostasis.

During hospitalization, bleeding recurred, leading to worsening anemia and renal function, that required 14 red blood cell units. Contrast-enhanced CT revealed ectatic vascular structures in the peristomy region, consistent with peristomal varices, without thrombosis (Fig. 1A). After multidisciplinary discussion, endovascular cyanoacrylate-lipiodol embolization was performed without complications (Fig. 1 B and C), achieving definitive hemostasis. Three months post-discharge, the patient had no recurrent bleeding, with stable liver and renal function.

## Discussion

Digestive hemorrhage is a common cause of decompensation in chronic liver disease, with ectopic varices accounting for 5% of variceal bleeding cases<sup>1,2</sup>. Up to 50% of patients with clinically significant portal hypertension who undergo abdominal surgery with stoma creation develop peristomal varices, which can result in significant morbidity<sup>3</sup>. Various therapeutic options are available, with both endovascular and endoscopic approaches offering valuable treatment strategies. Management should be tailored based on hemodynamic status and liver disease severity, requiring an individualized, multidisciplinary approach<sup>4</sup>. Endovascular embolization is a safe and effective treatment, particularly for patients with contraindications to more invasive procedures.

## References

1. Patel RK, Chandel K, Tripathy T, Choudhury A, Mukund A. Bleeding Stomal Varices and Their Interventional Management- A Series of Three Cases. *J Clin Exp Hepatol* 2022;12(2):649-53. DOI: 10.1016/j.jceh.2021.09.005
2. Quiñones Calvo M, Gómez Perosanz R, Salazar Parada ND, et al. Portal hypertension hemorrhage secondary to a stomal varicose vein in a patient with two consecutive thrombosis of a transjugular intrahepatic portosystemic shunt (TIPS). *Rev Esp Enferm Dig* 2023;115(12):738-9. DOI:

10.17235/reed.2023.9643/2023

3. Srinivasa RN, Beecham JF, Saad WEA. Management of stomal varices. In: Saad WEA, editor. Portal Hypertension. Imaging, diagnosis and endovascular management. Chapter 33. Thieme e-book; 2018.
4. de Franchis R, Bosch J, Garcia-Tsao G et al; Baveno VII Faculty. Baveno VII - Renewing consensus in portal hypertension. J Hepatol 2022;76(4):959-74. DOI: 10.1016/j.jhep.2021.12.022

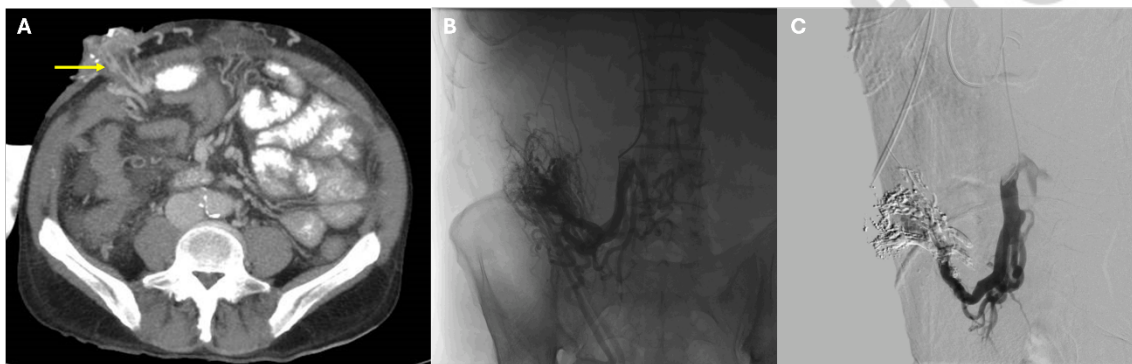


Fig 1. A. Ectatic vascular structures in the peristomal region, consistent with peristomal varices (arrow). B. Percutaneous venography showing multiple peristomal variceal dilations in the right iliac fossa. C. Digital subtraction venography after embolization showing obliteration of varices.