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Bleeding from gallbladder varices in a patient with an unknown liver cirrhosis. An exceptional entity

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Dear Editor,
Liver cirrhosis is a disease related to numerous severe complications such as portal hypertension or collateral circulation. Varices that are located outside the gastroesophageal region (ectopic varices) such as the anorectal region, colon, ileum or gallbladder are unusual. In many cases, they are related to the existence of portal vein thrombosis. We report the case of a patient with a severe hemorrhage of gallbladder varices due to alcohol-related cirrhosis.

Case report
A 52 year-old male patient with a heavy chronic drinking habit of > 40 g of alcohol per day and with a higher intake over the last few days was admitted to the hospital due to edemo-ascitic decompensation over the previous 2-3 weeks. There was an altered liver function and a new diagnosis of liver cirrhosis Child B9 was made, presumably caused by alcohol.
A blood test was performed after admission to the hospital and the results showed conjugated hyperbilirubinemia, moderate hypertransaminasemia, thrombocytopenia and severe coagulopathy. However, there was no anemia. A diagnostic abdominal
ultrasound identified ascitic decompensation, liver cirrhosis with portal hypertension but without portal vein thrombosis, cholelithiasis and thick-wall gallbladder without inflammation of the bile duct.

The progression of the patient was slow, with a general deterioration of health and acute epigastric pain that extended to the right hypochondrium, as well as nausea and vomiting but without fever. The patient presented arterial hypotension that was resistant to serum therapy and severe anemia with no gastrointestinal bleeding. Thus, blood transfusions were required. An urgent computed tomography (CT) angiography was performed in the abdominal area and a hemoperitoneum was found with signs of intravesical active bleeding (Fig. 1), with a possible perforation and bleeding towards the peritoneal cavity. This was confirmed in the subsequent surgery that was performed immediately.

Despite performing a cholecystectomy, hemoperitoneum suctioning and a perihepatic packing with multiple transfusions, as well as all the life support techniques, the patient died during the early postoperative care.

**Discussion**

Varices in the gallbladder are unusual and occur in 1% to 3% of patients with liver cirrhosis, although the rate can increase to 20% when there is extrahepatic portal hypertension. Varices are usually asymptomatic and the optimal imaging technique for their diagnosis is Doppler ultrasound of the abdomen, although nuclear magnetic resonance (NMR) and CT scans are also useful. There are exceptional cases of hemoperitoneum in patients with liver cirrhosis, portal hypertension and collateral circulation in the biliary region. Therefore, the possible diagnosis of varices in this region must be considered in a patient with portal hypertension but with no gastrointestinal bleeding and hypovolemic shock.

**References**


Fig. 1. CT angiography (arterial): active bleeding of the gallbladder varices.