

Title:

Haemoperitoneum due to rupture of intra-abdominal varices

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Haemoperitoneum due to rupture of intra-abdominal varices

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Dear Editor,

Portal hypertension, responsible for the formation of oesophageal varices, also generates intra-abdominal varicose dilations, especially of the perisplenic and mesenteric veins, which, like the oesophageal veins, are susceptible to rupturing and bleeding, in this case within the peritoneal cavity. However, the spontaneous rupture of these intraperitoneal varices is a rare complication, and poorly described in the literature.

We present the case of a 72-year-old woman with CHILD B liver cirrhosis of unknown aetiology with portal hypertension on primary prophylaxis with carvedilol. She was admitted due to ascitic decompensation, with acute renal failure in the context of AGE and anaemia. On admission, she underwent diagnostic paracentesis, revealing haemorrhagic ascites and progressive anaemia. Angio-CT was requested, with the finding of haemoperitoneum with active bleeding from the perisplenic vessels and portal thrombosis, so she was referred to the critical care unit. She required transfusion of blood products and arteriography with splenic varix embolization on to

2 occasions. After 10 days of admission it was decided a therapeutic effort limitation, due to poor evolution, with multi-organ failure with functional stage CHILD C, with no possibility of transplantation or TIPS, withdrawing support measures and starting palliative sedation with a fatal outcome.

Spontaneous haemoperitoneum in patients with liver cirrhosis is a rare and severe emergency that is very difficult to diagnose if there is no clinical suspicion. Among the causes of it in cirrhotic patients, we must take into account hepatocellular carcinoma, abdominal trauma, iatrogenesis and rupture of intra-abdominal varices. Appropriate management requires clinical suspicion of this complication in a patient with cirrhosis, while early paracentesis and abdominal CT are essential for diagnosis. Even so, the low frequency of this entity makes it very difficult to accumulate experience and establish management standards.

REFERENCES:

- 1-) Juan Pablo Moreno P, Rolando Piña S, Francisco Rodríguez M, Owen Korn B. Rev. méd. Chile v.130 n.4. Santiago abr. 2002.
- 2-) Vallalta Morales M, Cano B, Morata Aldea C, et al. Hemoperitoneo secundario a la rotura espontánea de la vena umbilical [Hemoperitoneum secondary to spontaneous rupture of the umbilical vein]. Gastroenterol Hepatol. 2004 Aug-Sep;27(7):414-6. Spanish. doi: 10.1016/s0210-5705(03)70490-7.
- 3-) Campi D., Solano M., Balsera B.. Hemoperitoneo espontáneo en enfermos de cirrosis hepática. Med. Intensiva [Internet]. 2011 Mayo [citado 2022 Mayo 17] ; 35(4): 259-259. Disponible en:
http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0210-56912011000400011&lng=es.

4-) Sincos IR, Mulatti G, Mulatti S, Sincos IC, Belczak SQ, Zamboni V. Hemoperitoneum in a cirrhotic patient due to rupture of retroperitoneal varix. *HPB Surg.* 2009; 2009:240780. DOI: 10.1155/2009/240780

5-) Puche P, Jacquet E, Jaber S, Carabalona JP. Spontaneous haemoperitoneum due to ruptured intra-abdominal varix with cirrosis: report of two cases. *J Chir (Paris).* 2007; 144:157-9. DOI: 10.1016/S0021-7697(07)89494-4

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