

Title:

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Portal hypertension hemorrhage secondary to a stomal varicose vein in a patient with two consecutive thrombosis of a transjugular intrahepatic portosystemic shunt (TIPS)

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Dear Editor,

Less than 5 % of patients with liver cirrhosis (LC) with portal hypertension (PH) develop atypical shunt in regions other than the esophagus or the stomach. This group includes varices associated with a stoma, for example, those associated with an uretero-ileostomy, which are infrequent. They are a diagnostic and therapeutic challenge, as they can cause hemorrhages due to PH (1).

Case report

A 63-year-old male with a history of primary immune thrombocytopenia, liver cirrhosis with PH and a Bricker-type uretero-ileostomy after a radical oncological cystoprostatectomy was admitted to hospital due to a massive hematuria with high transfusion requirements and hemodynamic instability. A computed tomography (CT) scan found collateral circulation

dependent on the superior mesenteric vein at the ostomy site (Fig. 1). Urgent placement of transjugular intrahepatic portosystemic shunt (TIPS) was decided, and the peristomal varicose veins were embolized with coils, resulting in resolution of the bleeding.

Weeks later, he returned to the Emergency Department (ED) with a new episode of variceal bleeding from the uretero-ileostomy and was hemodynamically unstable. The patient was referred to a hospital with a vascular radiologist on call. CT angiography was performed and no active bleeding requiring embolization was observed. However, TIPS dysfunction secondary to a thrombosis was identified that required urgent recanalization. The patient made a favorable progress until five days later, when TIPS thrombosis occurred again. Thus, anticoagulant treatment and secondary prophylaxis with beta blockers were started.

One month later, he returned to the ED due to a new episode of stoma bleeding. The Urology Department rejected surgical intervention, so the patient was treated with somatostatin, which stopped the hemorrhage. Subsequently, an endoscopy was performed with an ultrafine gastroscope, introducing it through the uretero-ileostomy and infusing saline instead of CO₂. This revealed a 3 mm vascular lesion in the ileal mucosa 3 cm from the stoma, friable but without active bleeding, which was not susceptible to endoscopic treatment. Anticoagulation was withdrawn after a risk-benefit assessment.

Discussion

Bleeding from ectopic varices is infrequent. The diagnosis is made by imaging techniques. The latest guidelines for the management of PH do not mention them or their treatment due to their low incidence (2). Treatment in the acute phase consists of the administration of vasoconstrictors, and in the medium to long term, beta blockers and/or TIPS associated with embolization of the bleeding vessel (3).

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Fig. 1. Stoma varicose vein in a Bricker-type uretero-ileostomy.

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