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Ectopic variceal bleeding secondary to porto-sinusoidal vascular disease

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Dear Editor,

Porto-sinusoidal vascular disease (PSVD) is an uncommon cause of portal hypertension (PHT), characterized by typical manifestations of PHT in the absence of an identifiable cause such as cirrhosis or splenoportal thrombosis (1). There are different etiological factors, including oxaliplatin (2).

Case report

We present the case of a 67-year-old male with a history of locally advanced rectal cancer diagnosed in 2007, treated with chemotherapy (capecitabine, folinic acid, 5-fluorouracil and oxaliplatin), radiotherapy and surgery, with a definitive colostomy. He was admitted due to lower gastrointestinal bleeding from the colostomy with no anemia or hemodynamic repercussion. Colonoscopy was performed and no lesions

were found. Abdominal computed tomography (CT) showed peristomal varices with porto-systemic collaterals at that level (Fig. 1). There was splenomegaly, but no evidence of chronic liver disease and the splenoportal axis was permeable. Laboratory tests showed chronic thrombocytopenia.

Laboratory results excluded other causes of liver disease, hepatic elastography showed a value of 7.2 kPa and upper gastrointestinal endoscopy ruled out esophagogastric varices. The catheterization of hepatic veins demonstrated a hepatic venous pressure gradient of 13.5 mmHg and liver biopsy revealed sinusoidal dilatation with sinusoidal and perivenular fibrosis.

The patient was diagnosed with peristomal ectopic varices secondary to porto-sinusoidal vascular disease because of the clinical context and a history of treatment with oxaliplatin. Due to bleeding recurrence, it was finally decided to place a transjugular intrahepatic portosystemic shunt (TIPS).

Discussion

On account of the improved survival of patients with colorectal cancer treated with oxaliplatin, cases of patients with no previous liver disease who develop PSVD years after chemotherapy treatment are increasing. Generally, it appears years after the end of chemotherapy treatment with typical manifestations of PHT (2), in our case with bleeding from peristomal ectopic varices. Due to the absence of correct direct visualization by endoscopy and the high rate of bleeding recurrence with endoscopic treatment, he underwent TIPS placement as secondary prophylaxis of variceal bleeding (3,4).

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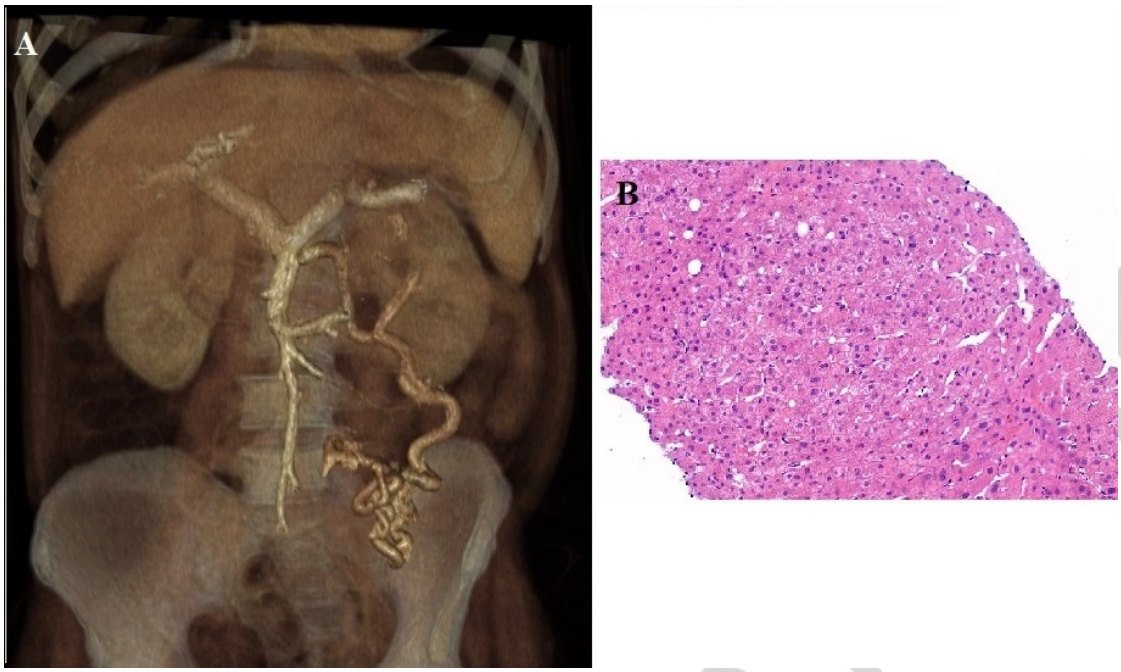

Fig. 1. A. CT angiography with 3D reconstruction: peristomal collateral with origin in the inferior mesenteric vein. B. Liver biopsy: sinusoidal dilatation, hepatocyte atrophy, sinusoidal and perivenular fibrosis.