

Hidden Danger: Cecal Varices and Massive GI Bleed

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Background

- Esophageal varices are common with portal hypertension while ectopic varices are rarer.
- Among ectopic varices, stomach and rectum are the commonest sites with rare case of cecal varices reported in literature.

Case Presentation

- 59/F with decompensated cirrhosis from NASH/hepatitis C was admitted for hepatic encephalopathy and massive hematochezia.
- EGD showed two large non-bleeding esophageal varices which were banded.
- Continued bleeding requiring CT Angiogram of the abdomen showed no source of bleeding.
- A limited prep colonoscopy was aborted due to colonic edema and tortuosity of the colon. Blood was visualized throughout the examined colon without an obvious etiology for bleeding.
- A visceral arteriogram showed large cecal varices as the bleeding source [Figure 1].
- Bleeding resolved after TIPS with fall in porto-systemic gradient from 14 to 3mmHg



Figure 1. Large cecal varices seen on the visceral arteriogram during the indirect portal phase venogram.

Discussion

- While bleeding esophageal varices in a cirrhotic patient are common, bleeding cecal varices are rare.
- Absence of esophageal/gastric varices or stigmata of recent bleeding on an initial EGD should prompt evaluation for ectopic varices.
- Most current literature points to selective visceral angiography as the ideal diagnostic & therapeutic modality since endoscopic visualization can be limited by red out
- Treatment options for bleeding cecal varices with vasoactive substances (terlipressin) and endo-sclerotherapy have not been well studied. Band ligation is considered unsafe and unfeasible.
- The curative treatment for cecal varices is liver transplant, though generally TIPS procedure is attempted.
- Venous embolization is used in cases refractory to TIPS.
- Surgical interventions such as colectomy have been reserved for acute cases not responding to less invasive interventions.

References

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