

An Interesting Case of Upper Gastrointestinal Bleed

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Abstract

Duodenal varices are ectopic varices which are seen commonly in the first and second part of duodenum. They are uncommon as compared to esophageal and gastric varices. Bleeding duodenal varices if unidentified, may result in torrential upper gastrointestinal bleed with a mortality of upto 40%. Here is a case of middle aged man with chronic liver disease who presented with melena and on evaluation had duodenal varices on endoscopy. Endoscopic variceal ligation was done after which the melena subsided and patient is doing well on follow up.

Keywords: Duodenal Varices; Ectopic Varices; Gastric Varices

Introduction

Duodenal varices are ectopic varices which are seen commonly in the first and second part of duodenum.

Case Report

A 50 year old gentleman came to the outpatient department with intermittent melena since 3 days. He was a chronic alcoholic with last drink 1 week back. On examination he had pallor. Abdominal examination was normal. Hemoglobin was 6 g/dL. He was given 2 units of packed red cells. Platelet count, Liver function tests were normal with an INR of 1.2. Ultrasound abdomen revealed chronic liver disease with mild splenomegaly. Upper GI endoscopy revealed small esophageal varices and large duodenal varices in first and second parts of duodenum. He underwent endoscopic ligation of the varices. His melena subsided and hemoglobin is now stable at 10 g/dL. He is now on Propranolol 40 mg/day. He is on frequent OPD follow up and surveillance endoscopies.



Figure 1: Large esophageal varices in duodenum.

Discussion and Conclusion

Duodenal varices are ectopic varices and even though rare, may present without esophageal or gastric varices [1]. If untreated, the mortality due to upper gastrointestinal bleed approaches 40% [1,2]. Large duodenal varices are usually treated with endoscopic variceal ligation [3]. Other treatment modalities include sclerosant injection or application of clips using endoscopy, endoscopic ultrasound guided coil embolization, balloon retrograde transvenous obliteration (BRTO), transjugular intrahepatic portosystemic shunts (TIPS) [4,5]. Appropriate management of these varices are important as they may result in torrential upper gastrointestinal bleed.

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