

Colonic Adenocarcinoma-Induced Gastroenteropathic Varices Causing Massive GI Bleed: Rare But A Serious Manifestation to Consider

Cirrhosis is considered to be a common causative factor of ectopic varices but colon malignancy can play a major role in it's pathophysiology

INTRODUCTION:

- **Ectopic Varices** are located in region other than esophagogastric areas which is a rare manifestation of severe portal hypertension (HTN) caused by cirrhosis but **Malignancy** can be a contributing cause of portal HTN which is less commonly seen.

CASE VIGNETTE:

- A 61 y/o male with history of liver cirrhosis, ablation and banding of esophageal varices, MI, cardiac arrest and advanced colon cancer s/p left hemicolectomy with primary anastomosis, metastasis to liver, brain (s/p radiation therapy) and bone, was admitted to the hospital for another round of chemotherapy with course complicated by acute anemia secondary to profuse gastrointestinal (GI) bleed.
- Labs revealed acute anemia of 5.2mg/dl from baseline Hb of 8mg/dl, WBC 3K and Platelet count of 102K, INR 1.2, PT 13s and PTT 133s, normal LFTs and Bilirubin levels.
- **Esophagogastroduodenoscopy(EGD)** showed small varices with portal hypertensive gastropathy.
- **Colonoscopy** showed rectosigmoid arteriovenous malformation status post argon plasma coagulation and rectal clot with no active bleeding.

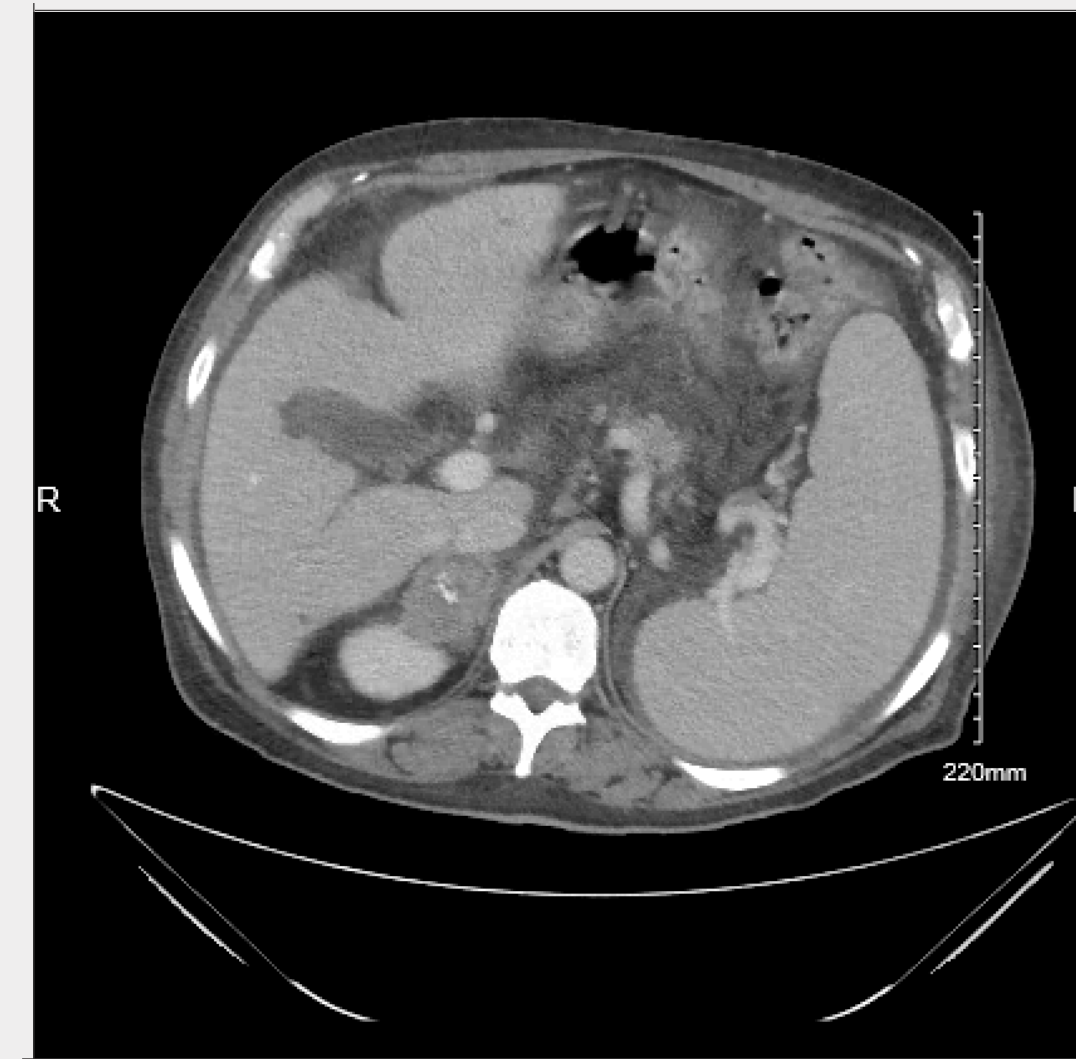


Fig: 1; CT Abd/Pelvis; Mesenteric Edema, splenomegaly, mildly dilated main portal vein and prominent mesenteric vein collaterals



Fig: 2; NM Scan; Accumulation of radiotracer in the mid-abdomen responding to the contour of small bowel loop.

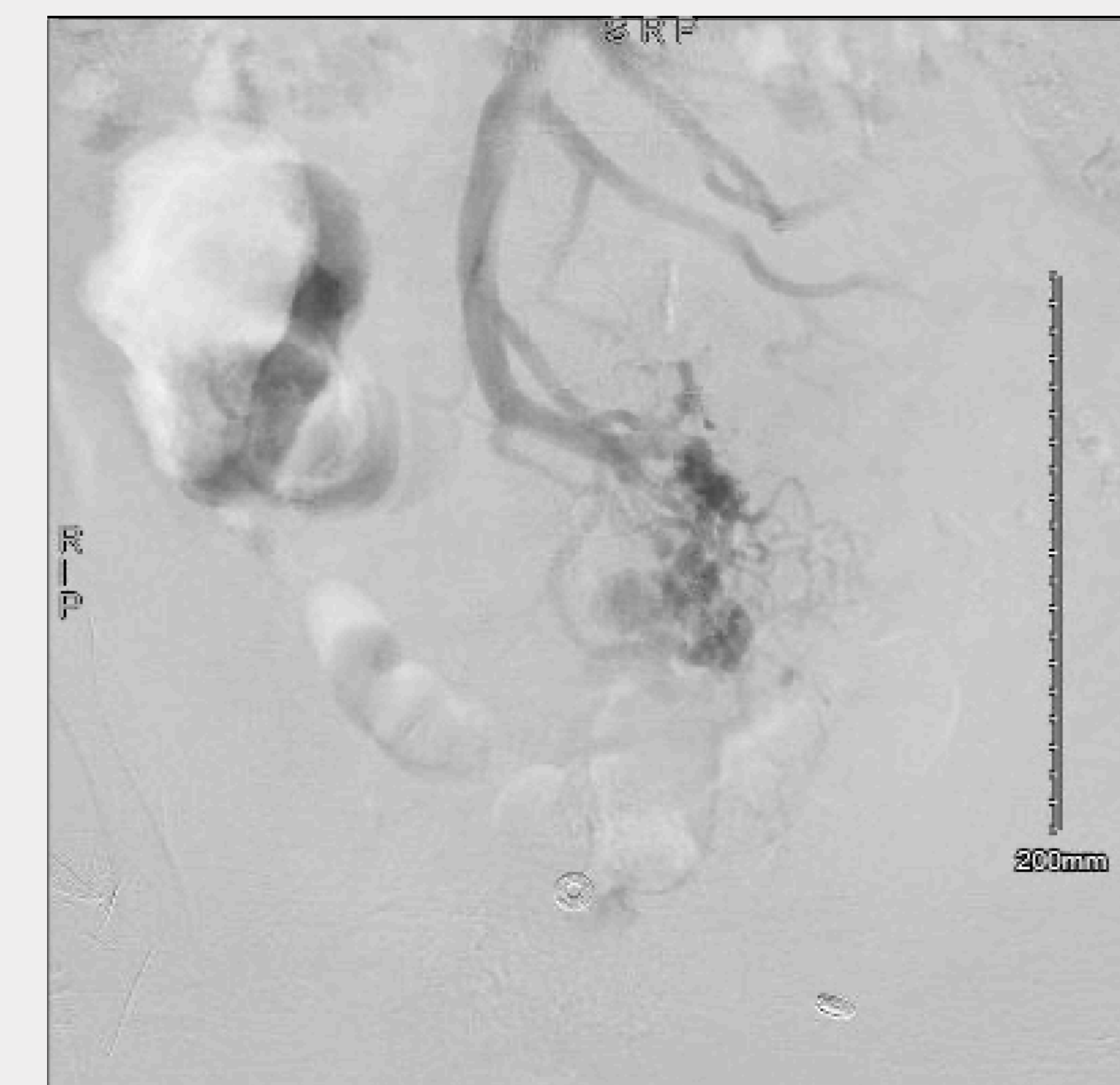


Fig: 3; CTA; Coil and glue trans-catheter embolization of peripheral artery of superior mesenteric vein supplying small bowel varices

- In total, required massive transfusion of 11 units of packed red blood cells due to continued bleeding.
- **Computed tomography angiography (CTA)** revealed extensive umbilical varices with small jejunal varices pointing towards portal hypertensive gastro-enteropathic varices as the cause of GI bleed.
- **Transjugular intrahepatic portosystemic shunt (TIPS) procedure** was unsuccessful twice requiring superior mesenteric artery embolization which was able to successfully contain GI bleed.
- Further management was done with octreotide drip, proton pump inhibitor, and blood transfusions as needed with close follow upon discharge with GI and Surgery.

DISCUSSION:

- **Ectopic Varices** can cause massive GI bleed with mortality up to 40% which is a distinct and rare manifestation of severe portal HTN.
- It is most commonly caused by cirrhosis but malignancy and esophageal sclerosis/banding can contribute to it.
- Due to infrequent presentation with limited literature, guidelines on management are deficient and requires further investigation.

References:

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