

Omental varices causing umbilical bleeding: A rare presentation in cirrhotic patients with portal hypertension



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INTRODUCTION

- Approximately 90% of portal hypertension cases develop in the setting of cirrhosis, and variceal bleeding is the most common fatal complication.
- Ectopic varices account for less than 5% of all varix-related bleeding episodes.
- Umbilical bleeding is a well-recognized but unusual complication of portal hypertension, most of the time caused by bleeding from umbilical varices (UV).
- Rupture of omental varices (OV) leading to spontaneous umbilical bleeding and hemorrhagic shock is uncommon and has not been frequently reported in the previous literature.

CASE PRESENTATION

- A 54-year-old male with a history of alcoholic liver cirrhosis, MELD score of 21, Child-Pugh Class B, who was found lying in a pool of blood in his bedroom, was transported to the hospital with profuse spontaneous bleeding from his umbilical hernia site.
- He had a history of similar, but mild bleeding episodes occurring intermittently over one week, with no associated trauma.
- On admission, the patient was hypotensive, tachycardic, and had a protuberant abdomen with a large ventral hernia, covered by a dressing.
- Removal of the dressing revealed active venous hemorrhage. Table 1 displays laboratory studies.
- Abdomen CT scan: anterior abdominal wall hernias containing herniated fat with fat stranding (Figure 1).
- The patient's hemorrhagic shock was treated with blood transfusions, IV fluids, and vasopressors.

TREATMENT AND OUTCOMES

- Intraoperatively, he was treated with periumbilical excision and ligation of the OV contained within the hernia.
- The omentum became adhered to the skin of the umbilicus, allowing venous communications to develop between the varices and cutaneous veins of the umbilicus.
- The section was dissected, and the bleeding was controlled.

LABS

Hgb	g/dL	6.9	Creatinine	g/dL	1.6
Hct	%	19.9	Ammonia	µg/dL	160
MCV	fL	95.3	AST	units/L	43
Platelets	10 ³ mcL	88	ALT	units/L	63
INR		1.36	Total bilirubin	mg/dL	0.7
Sodium	mEq/L	129	Albumin	g/dL	4.1

Table 1

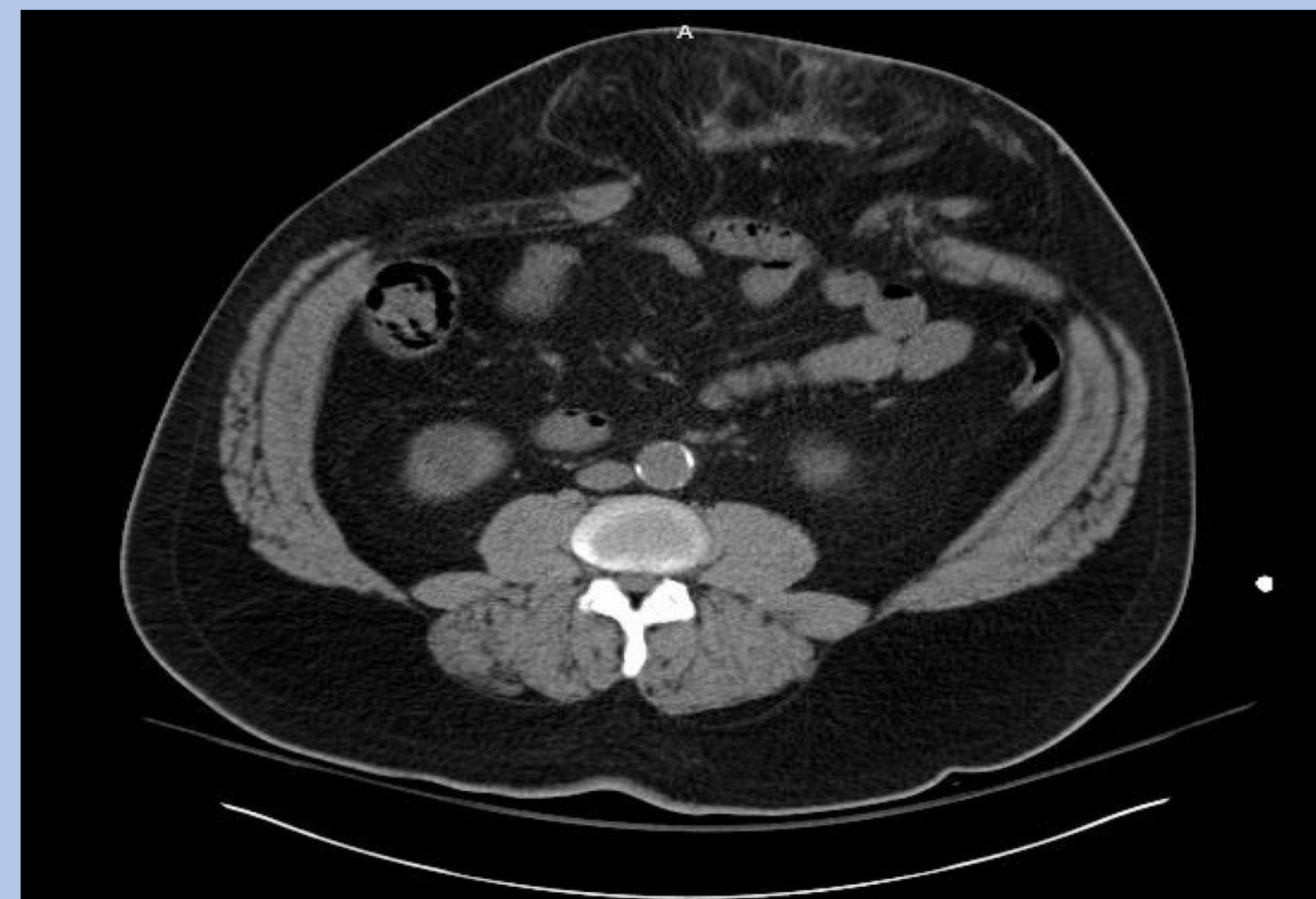


Figure 1

Figure 1: CT Abdomen and Pelvis without contrast in cross sectional view showing bilateral anterior abdominal wall hernias containing herniated fat with some fat stranding, no herniated bowel or fluid collection

DISCUSSION

- The most reported cause of spontaneous umbilical bleeding is UV.
- In our case, the presence of anterior abdominal hernias containing herniated fat with some fat stranding on the abdominal CT was suspicious for OV, which was confirmed to be the source of bleeding intraoperatively.
- Previous reports have suggested a portosystemic abdominopelvic CT scan preoperatively to define the portal vascular anatomy, identify associated varices, and sites of bleeding before the procedure.
- Clinical management in these cases requires a multidisciplinary approach, that includes control of bleeding with direct pressure, blood product transfusion, and the use of vasoactive drugs to reduce the splanchnic blood flow. Moreover, surgical intervention and ligation of bleeding varices can provide definitive diagnosis and treatment.

CONCLUSIONS

- ✓ Umbilical bleeding may be from umbilical varices or omental varices, especially when umbilical hernias are present. Portal venous CT scans of the abdomen can be helpful to differentiate the site of bleeding.

The authors have no conflicts of interest to declare that are relevant to the content of this poster.

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