



# Where's That Bleed?! A Case of Intermittent Ectopic Jejunal Variceal Bleeding

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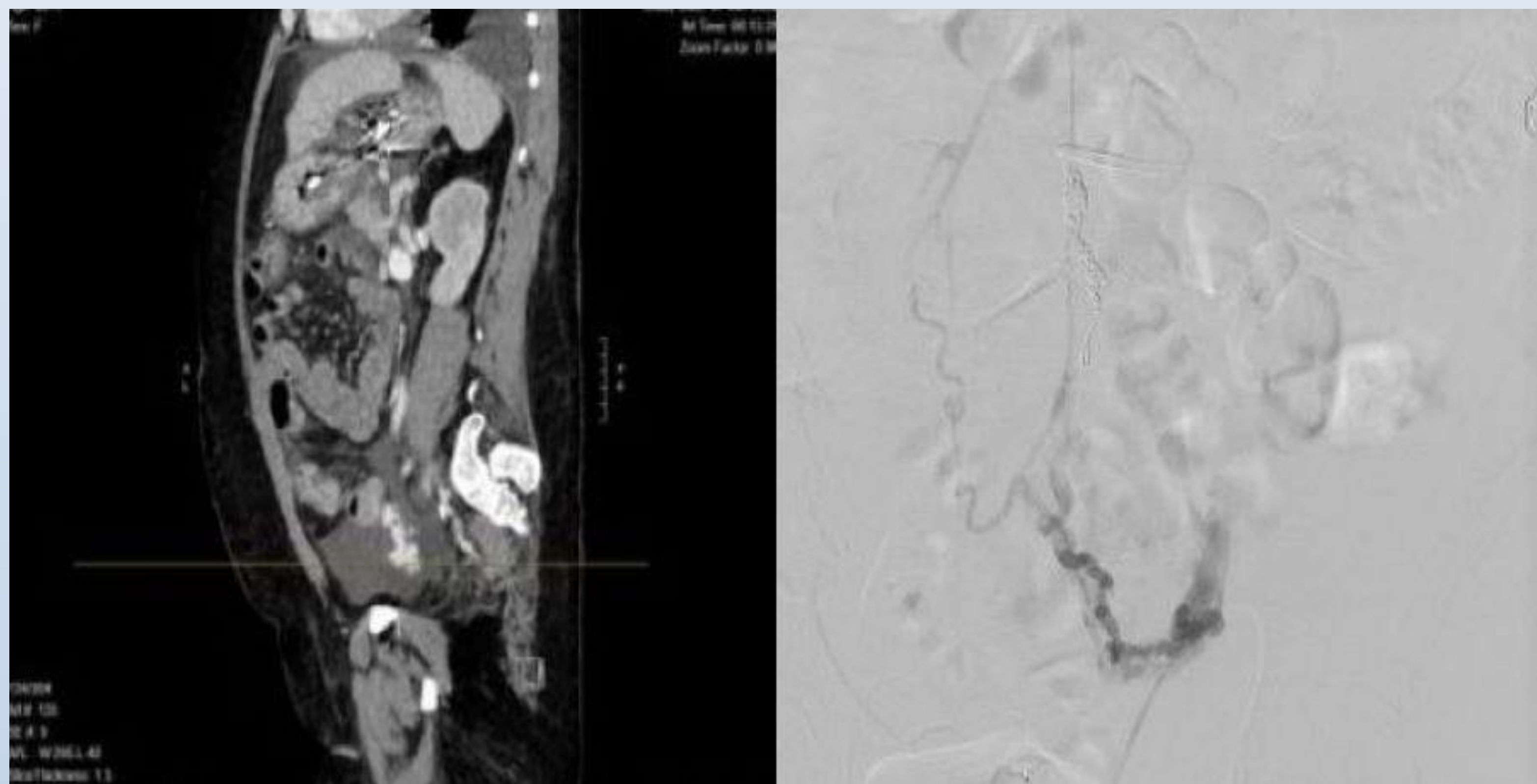
## LEARNING OBJECTIVES

- Understand the locations of commonly found ectopic variceal bleeds
- Appreciate the frequency of ectopic varices and the necessity for prompt detection and therapeutic intervention.

## CASE PRESENTATION

A 51-year-old female with hepatitis C/alcohol related cirrhosis, decompensated by variceal bleeding s/p TIPS, ascites and HE, presented with melena.

## IMAGING



**Figure 1:** (a) Sagittal view of computed tomography angiography (CTA) and (b) angiogram evidence of jejunal blush and ectopic jejunal varix with aberrant connection to the left ovarian vein, respectively.

## HOSPITAL COURSE

EGD: Superficial esophageal tears, as well as a clot overlying a varix, for which three bands were placed.

Hemoglobin declined from 11.6 to 6.1 g/dL with worsening encephalopathy, vital instability, intermittent hematochezia, and fever.

Repeat EGD: Healing post-banding ulcers without active bleeding

Colonoscopy: Numerous superficial ulcers with adherent clots, but no active bleeding; biopsies consistent with ischemic colitis

CTA: No active extravasation identified

US abdomen: Distal TIPS stenosis; IR consulted for revision

Profuse hematochezia

STAT CTA: Area of jejunal blush

Angiography: Ectopic SMV branch varix to the jejunum with aberrant connection to the left ovarian vein, which was embolized

TIPS was revised, with decrease in porto-systemic pressure from 16 to 7 mmHg. Subsequently, her bleeding resolved, hemodynamics and encephalopathy improved, and she was ultimately extubated and transferred to the floor.

## DISCUSSION

Ectopic Varices:

- Most often found in esophagus and stomach
- Collateral pathways can develop throughout the abdomen in the setting of portal hypertension
  - Retro/intraperitoneal, small bowel, rectal, urinary bladder, biliary tract varices

Frequency of Ectopic Variceal Bleeding:

- Account for up to 5% of variceal bleeds
- Thought to be four times higher than esophageal varices with reported mortality up to 40%
- Jejunal/ileal varices comprise ~17%

Treatment options:

- Rapid detection and treatment by embolization with concomitant reduction in portal pressure via TIPS, BRTO or portal vein stenting is key

## CONCLUSION

- In our patient, despite delay in diagnosis due to intermittent bleeding, hemostasis was finally achieved with direct embolization and reduction in portal pressures
- It is imperative to maintain high suspicion for ectopic varices in any patient with portal hypertension and intra/extraluminal signs of bleeding, and other modalities such as MRA or CT enterography be utilized if endoscopy/CTA are non-revealing

## REFERENCES

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