



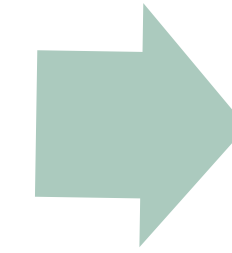
INTRODUCTION

- Portal biliopathy (PB) is a clinical condition that is defined as abnormalities in the extrahepatic and intrahepatic biliary tract, gallbladder, and cystic duct due to portal hypertension [1-2].
- Most patients are asymptomatic, although some may present with abdominal pain, fever, jaundice, pruritus and cholangitis .
- Rarely, portal hypertension secondary to portal vein abnormalities can cause peri-biliary varices.
- We report a case of a patient with a peri-biliary variceal bleed due to portal hypertension secondary to acquired portal vein stenosis years after a Whipple surgery.

CASE DESCRIPTION

- A 59-year-old female with a past medical history significant for pancreatic ductal adenocarcinoma presented to the hospital with melena.
- She was originally diagnosed with localized head of the pancreas cancer two years prior and underwent a pancreaticoduodenectomy (Whipple procedure).
- She had known severe portal vein stenosis following the surgery.
- She received neoadjuvant chemotherapy and was doing well up until the current presentation.
- On exam, she is pale appearing with notable abdominal distension and a positive fluid wave on exam. She had no abdominal tenderness. Her digital rectal exam was positive for melena.
- Vitals notable for a BP 96/60, HR 110, RR 16.
- Labs notable for a hemoglobin of 5.7 mg/dL, platelets count of 100,000 /uL, BUN 60 mg/dL, Cr 1.6 mg/dL, INR 1.3.

CT Abdomen: Whipple anatomy, severe portal vein stenosis, large volume ascites, and extensive upper abdominal varices including periportal and peribiliary varices.



Upper Endoscopy: Multiple large visible vessels with stigmata of recent bleeding at the choledocojejunostomy. One hemostatic clip was placed, resulting in brisk bleeding. Hemostasis achieved with cyanoacrylate injection.



IR Portal Venography: Severe stenosis at the port-mesenteric confluence. The stenosis was balloon dilated and stented.

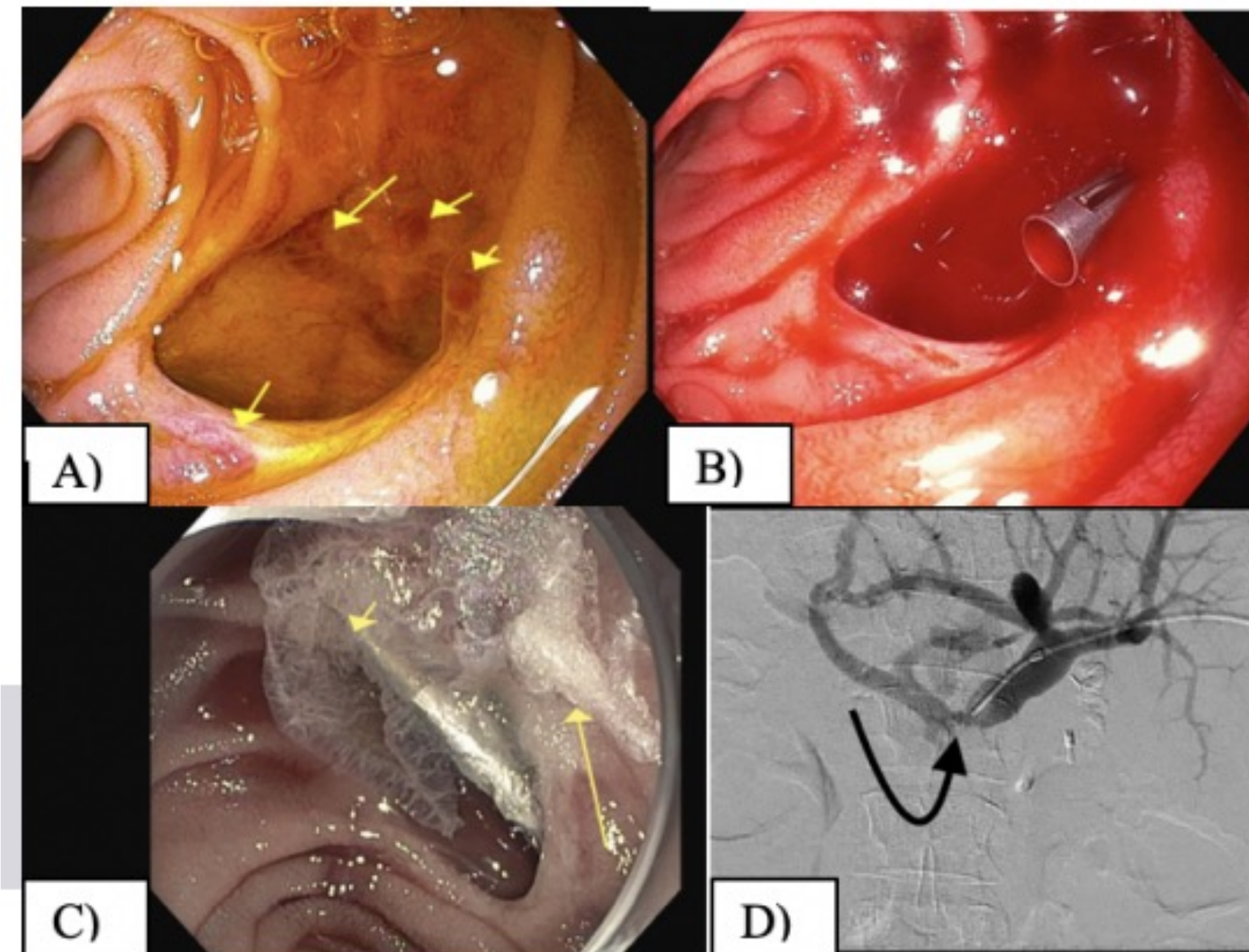


Figure 1.

- A. Choledocojejunostomy with visible varices
- B. Hemostatic clip placed resulting in active bleeding
- C. Injection of cyanoacrylate glue with hemostasis.
- D. Portal vein angiography demonstrating portal vein stenosis

DISCUSSION

- Bleeding from peribiliary varices is a rare cause of upper GI bleeding.
- Non cirrhotic portal hypertension from acquired portal vein stenosis after pancreaticoduodenectomy led to clinically significant gastrointestinal bleeding in this case.
- PB can also occur due to chronic portal vein occlusion
- In many cases, patients present with signs and symptoms of biliary obstruction (jaundice, abnormal liver function tests).
- Treatment should involve a multidisciplinary discussion and approach among various subspecialties including interventional gastroenterology, interventional radiology, and hepatobiliary surgery.

REFERENCES

1. Chandra R., Kapoor D., Tharakan A., Chaudhary A., Sarin S. K. Portal biliopathy. *Journal of Gastroenterology and Hepatology*. 2001;16(10):1086– 1092. doi: 10.1046/j.1440-1746.2001.02562.x.
2. Chattopadhyay S., Nundy S. Portal biliopathy. *World Journal of Gastroenterology*. 2012;18(43):6177–6182. doi: 10.3748/wjg.v18.i43.6177.