Peristomal Varices: An Elusive Source of Recurrent Stomal Bleeding

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Background and Introduction

- Peristomal varices (SV) are ectopic portosystemic shunts that form at the enterocutaneous junction.
- Risk factors include esophageal varices, splenomegaly, decreased platelet count, obesity, or liver disease.
- Documented to occur in 3-5% of ostomies.

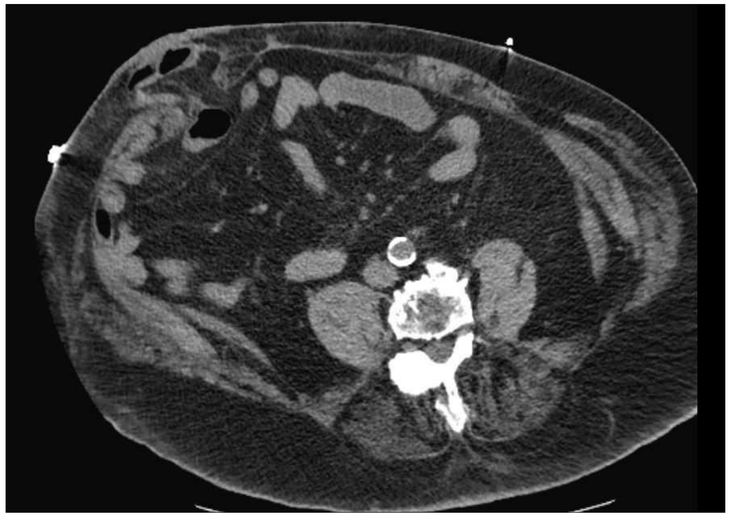
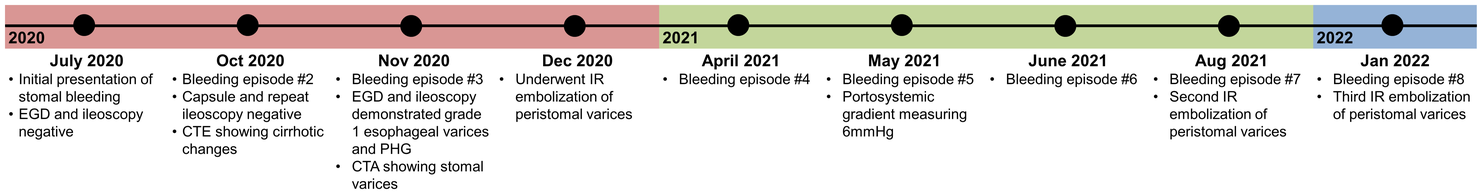


Figure 1: CTA showing single nonbleeding varix around ostomy site

Case Presentation

- A 75-year-old male with history of DM2, HTN, HLD, COPD, and a total abdominal colectomy with end ileostomy presented with bleeding from the ostomy. EGD and ileoscopy showed mild esophagitis and a normal appearing ileal mucosa without blood. The bleeding self-resolved and source was thought to be related to the stoma site.
- 3 months later, patient was readmitted for recurrent stomal bleeding. Repeat ileoscopy only showed erythematous and friable ileal mucosa. Capsule endoscopy was negative for bleeds. CT enterography was notable for cirrhotic changes.
- 1 month later, pt was readmitted. EGD and ileoscopy demonstrated grade 1 esophageal varices and PHG. Venography and angiography showed a large portal venous collateral connecting to a dilated venous web at the stoma site and draining via the right inferior epigastric vein. Patient had successful embolization of the draining veins and venous web at the time.
- Patient underwent further outpatient cirrhosis work up and was notable to have a hepatic venous pressure gradient of 7 mmHg.
- Patient continued to be readmitted for recurrent bleeding and underwent embolization twice more during subsequent admissions.



Discussion

- Bleeding rates from SV range from 27% to 50%, with time to bleeding spanning between 1 month and 23 years after formation of the stoma.
- Often presents as an innocuous event with patients describing their ostomy appliance acutely filling with red blood or visualizing a constant, pressurized stream of bleeding from a peristomal site.
- Diagnosis of SV can be difficult to make under general endoscopic evaluation. Other imaging modalities such as doppler US, portal vein venography, and venous phase mesenteric angiography can guide the diagnosis. In few cases, patients can present with blueish skin discoloration or peristomal caput medusa.
- The most conservative approach to management is favored due to high risk of recurrent bleeding in surgical approaches and higher risk of death for procedures with liver disease.
  - Non-operative: compression, propranolol, octreotide
  - Local surgical: ligation of varices, stoma revision
  - Others: Surgical porta-systemic shunt, Endoscopic sclerotherpy and gluing, TIPS
- Re-bleeding is not uncommon and patients' morbidity and mortality are primarily driven by the level of underlying liver disease.

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