

ACUTE ESOPHAGEAL OBSTRUCTION: AN UNCOMMON COMPLICATION OF VARICEAL LIGATION TREATED WITH BAND REMOVAL AND STENTING

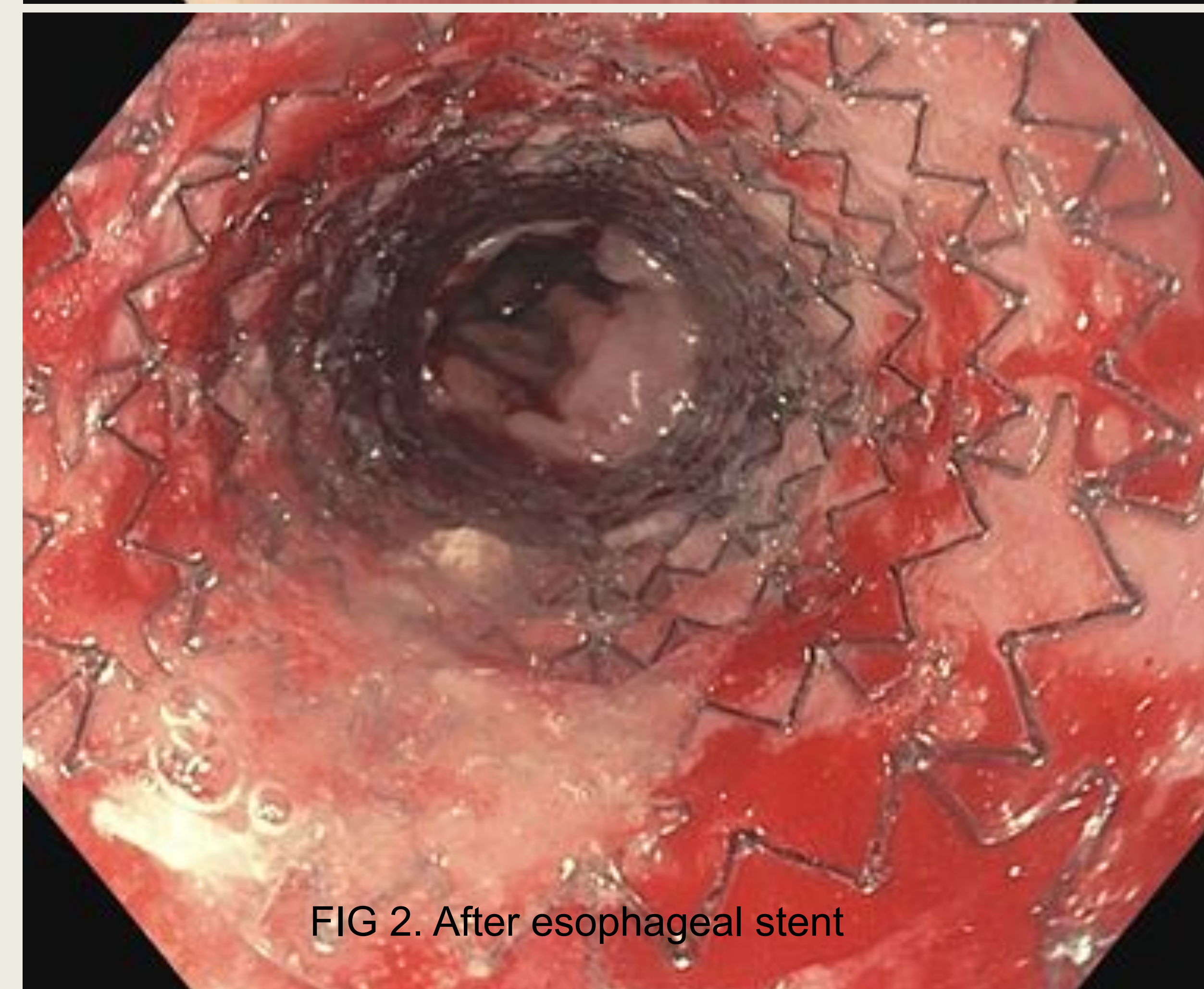
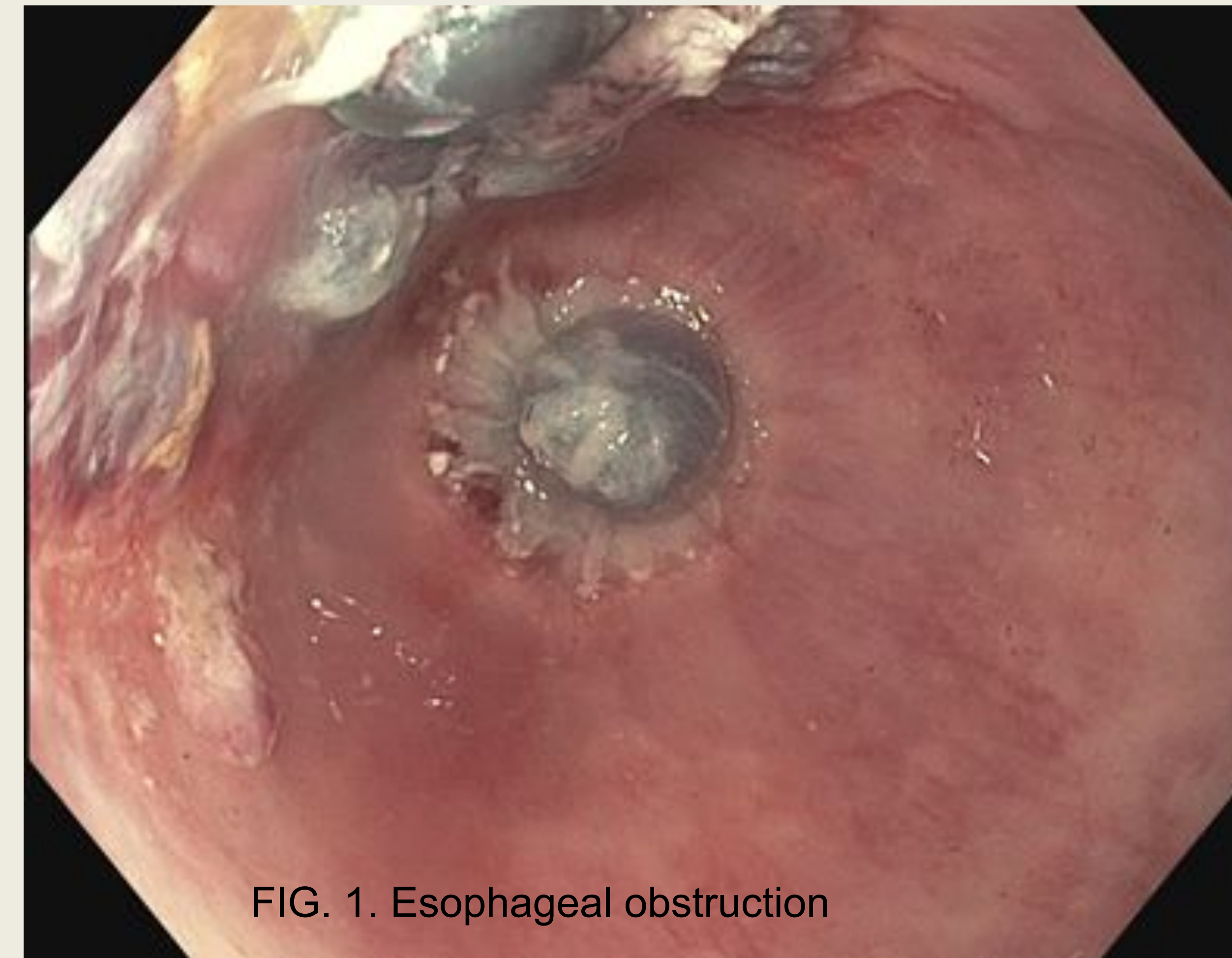
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INTRODUCTION

- ❖ Esophageal varices (EV) are a complication of portal hypertension, bleeding is associated with a high mortality rate of up to 20%.
- ❖ Esophageal variceal ligation (EVL) is used for primary and secondary prophylaxis, as well as treatment of active variceal bleeding with the goal of eradicating varices.
- ❖ EVL can rarely have serious complications, of which acute obstruction is even more uncommon as there are few reported cases
- ❖ Therapy for esophageal obstruction due to EVL mostly involves conservative management or band removal.
- ❖ We present a case of post EVL acute esophageal obstruction that was uniquely treated with band removal and stenting

CASE PRESENTATION

- 79yo female with a history of NASH cirrhosis and a MELD-Na of 12, complicated by EV status post previous EVL one year prior who came to the emergency room two days after EGD for routine EV surveillance with placement of two bands resulting in complete eradication.
- She presented with one episode of hematemesis and dysphagia to liquids and inability to tolerate secretions.
- EGD revealed near complete occlusion of the esophagus from banding at 40cm from the incisors (fig1).
- One band was dislodged with the gastroscope, which permitted the obstructed area to be traversed after downsizing the gastroscope



CASE PRESENTATION

- To prevent recurrent bleeding given hematemesis at presentation, the area of obstruction was stented with a 16mm x 100mm fully covered stent (fig2), proximal and distal margins at 30cm and 40cm respectively.
- She was discharged home able to tolerate soft foods
- The stent was kept in for additional 6 days to relieve the stenosis and prevent variceal bleeding.
- At follow-up EGD for stent removal, there was slight luminal narrowing treated with graded balloon dilation from 18mm to 20mm.
- She continued to do well and nine months later had EGD surveillance with banding of grade II varices but did not require dilation.

CONCLUSIONS

- ❖ Esophageal obstruction is a complication of variceal banding that should be considered in patients with dysphagia after banding.
- ❖ Consideration should be given to treatment options that provide hemostasis while relieving obstruction in cirrhotic patients who are at high risk of bleeding.
- ❖ In this patient, in addition to band removal, an esophageal stent was required to reduce bleeding risk, and relieve esophageal obstruction.