Endoscopic Treatment for Anastomotic Varices after Choledochojunostomy

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Introduction

Ectopic varices are defined as portosystemic venous collaterals occurring anywhere in the gastrointestinal tract other than the esophagogastric region. Anastomotic varices after choledochojunostomy should be considered when evaluating gastrointestinal hemorrhage in patients with previous surgery and mesenteric venous hypertension. Hemorrhaging from varices in the jejunal loop [1], with extrahepatic portal vein obstruction after choledochojunostomy, is a rare condition but several articles have been published. Various medical treatments, such as interventional radiology and surgery, have been used to control bleeding from anastomotic varices after choledochojunostomy; however, there is no best treatment strategy for anastomotic varices. Anastomotic varices after choledochojunostomy drain directly into the intrahepatic portal vein. Therefore, endoscopic treatment is difficult for this condition and endoscopic obliterative therapy with N-butyl-2-cyanoacrylate is the preferred treatment for this type varices [1,2].

Endoscopic obliterative therapy was successfully performed for two anastomotic variceal patients after choledochojunostomy with a high concentration of N-butyl-2-cyanoacrylate (Histoacryl [2], B.Braun Dexon GmbH Spangenberg, Germany) (Figures 1a-2b).

For endoscopic obliterative therapy of anastomotic varices, we used N-butyl-2-cyanoacrylate diluted to a final concentration of 83% in 5% Lipiodol (Guerbert, Roissy, France). Lipiodol prevents the tissue adhesive from polymerizing too quickly and also allows for radiographic monitoring.
Endoscopic obliterative therapy with a high concentration of N-butyl-2-cyanoacrylate is useful for patients with anastomotic varices after choledochojejunostomy.

References