Abstract

Portal hypertensive varices are often found in the esophago-gastric region. Rectosigmoid and anal varices are also well described. Portosystemic collaterals in the ileum are less common; reported prevalence among cirrhotic patients is 18%. Correlations include portal gastropathy and abdominal surgery. We report a patient with a history of obesity, alcoholism, and recent abdominal surgery, who developed severe gastrointestinal bleeding from varices in the terminal ileum.

A 36 year-old obese alcoholic male presented 3 months after umbilical herniorrhaphy with persistent hematochezia. He was hospitalized 3 times over a 4 month period for severe anemia. On the first two admissions, EGD revealed non-bleeding grade I-II esophageal varices and moderate diffuse portal gastropathy. Colonoscopy with intubation of the terminal ileum found hematin throughout the lumen without an identifiable bleeding source. A small bowel follow through with spot compression views of the terminal ileum was normal. Small bowel enteroscopy to the mid-jejunum did not reveal anomalies. On the third admission, he was hypotensive and tachycardic; initial hemoglobin was 6.2g/dL, requiring 8 units of blood. He was jaundiced; abdomen was obese, nontender, and without ascites. Laboratory data revealed INR 1.6, bilirubin 7.3 mg/dL, albumin 1.4g/dL, and normal creatinine. Abdominal ultrasound demonstrated an enlarged liver with heterogeneous nodularity and increased echogenicity. A repeat colonoscopy identified hematin on the right side of the colon, Visceral angiography did not identify a bleeding source, but demonstrated slow hepatofugal blood flow within the superior mesenteric vein. Technetium-labeled red blood cell scintigraphy localized radiotracer within the terminal ileum. Exploratory laparotomy identified actively bleeding ileal varices. He underwent ileocecal resection; histologic analysis demonstrated terminal ileal vascular ectasia consistent with varices.

Variceal bleeding in the small bowel is rare, but associated with mortality up to 35%. Endoscopic localization of a source only has 50% sensitivity, and surgical intervention is often required. Our patient demonstrates a rare instance of severe bleeding from ectopic varices in the terminal ileum. Suspicion for ectopic variceal bleeding should encourage earlier use of more sensitive tests such as bleeding scan, angiography, and small bowel capsule endoscopy. Prompt identification of a bleeding source may allow for endoscopic treatment as opposed to surgery.

Background

* Portal hypertensive varices are infrequently found in the ileum.

* Correlations include portal gastropathy and abdominal surgery.

* Variceal bleeding in the small bowel is rare, but associated with mortality up to 35%.

* Surgical intervention is often required due to poor endoscopic localization.

Conclusion

* Suspicion for ectopic variceal bleeding, such as in the terminal ileum, should encourage earlier use of more sensitive tests such as bleeding scan, angiography, and small bowel capsule endoscopy.

* Prompt identification of a bleeding source may allow for endoscopic treatment as opposed to surgery.