

Stomal varices: a rare cause of severe bleeding in portal hypertension

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Fig 1. Colostomy stoma, with adjacent skin presenting a purplish color.



Fig 2. Active bleeding originating in the peristomal skin.



Fig 3. Abdominal CT: cirrhotic liver, large varices peri-colostoma.

A 52 year-old man was admitted to our Intensive Care Unit for the presence of bright blood in his colostomy bag. He had a medical history of abdominoperineal resection performed for rectal cancer ten years before. During surgery, liver cirrhosis was diagnosed. He has continued to have a daily alcohol consumption of 100g. Physical examination evidenced stigmata of chronic liver disease and of alcoholism, pallor and peristomal skin with a purplish color (Fig. 1). Laboratory tests revealed a hemoglobin level of 4.9 g/dl, platelets 103,000/mm³ and liver function tests compatible with advanced liver disease (Child-Pugh C, MELD 16). The upper endoscopy and colonoscopy were normal. During an episode of acute bleeding, it was observed that bleeding had originated in the peristomal skin (Fig. 2). Local compression was performed with immediate but transient effect. An abdominal CT scan showed liver with features suggestive of cirrhosis and collateral circulation of the abdominal wall with large varices at the colostomy (Fig. 3). The portal vein was patent. Therapy with somatostatin and fresh frozen plasma was initiated. However, recurrence of bleeding persisted, with a transfusion of a total of 23 units of erythrocyte concentrate. TIPS was performed and the patient remained without further bleeding four months later.

Ectopic varices are a rare cause of bleeding in portal hypertension, representing less than 5% of the total of portal hypertension related bleeding. Peristomal varices are one of the most common causes of bleeding from ectopic varices, responsible for 26% of the total in one series [1]. The mechanism of stomal varices hemorrhage is probably related with trauma of the peristomal skin. The recurrence of hemorrhage is the rule; however mortality is one of the least results of portal hypertension bleeding, because this is easily accessible to direct compression. Local injection therapy, such as sclerotherapy, is not advisable, because it has been related with bleeding and significant and irreversible stomal damage [2]. TIPS and liver transplantation are the only long term effective procedures [1-3].

References

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