



Image of the Month

Extensive vascular embolism after endoscopic variceal obliteration

Seong-Jung Kim, Ju-Yeon Cho*

Department of Internal Medicine, Chosun University Hospital, Gwang-Ju, Republic of Korea



A 53-year-old male with a history of alcoholic liver cirrhosis presented with hematemesis. Emergency endoscopic examination revealed a huge gastric varix with stigmata at the fundus. Hemostasis was achieved through endoscopic variceal obliteration using a mixture of *N*-butyl-2-cyanoacrylate (1cc) and lipiodol (1cc) injection three times for hemostasis at a single session. Post-procedural X-ray revealed radiopaque materials. Sequential computed tomography of the abdomen revealed acute obstruction of the portal system with the injected mixture (Fig. 1). Newly developed ascites and hepatic encephalopathy occurred with an increase in Child Pugh score.

Endoscopic variceal obliteration using *N*-butyl-2-cyanoacrylate and lipiodol is a safe and effective method to control gastric variceal bleeding. However, large volume and multiple injections can increase the likelihood of embolism. Acute obstruction of the portal system led to an acute increase in portal pressure leading



Fig. 1. Acute obstruction of the portal system.



Fig. 2. Resolution of the embolic materials.

to development of ascites and hepatic encephalopathy. Although extensive vascular embolism was present, thirty-one months after the initial variceal rupture, the abdomen CT revealed resolution of the embolic materials in the vessels (Fig. 2).

Conflict of interest

None declared.

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* Corresponding author at: 365 Pilmundaero, Dong-gu, Gwang-Ju, 61453, Republic of Korea.

E-mail address: jy.cho@chosun.ac.kr (J.-Y. Cho).