

Gastric Varices Secondary to Splenic Vein Thrombosis Resolved after Splenic Artery Embolization

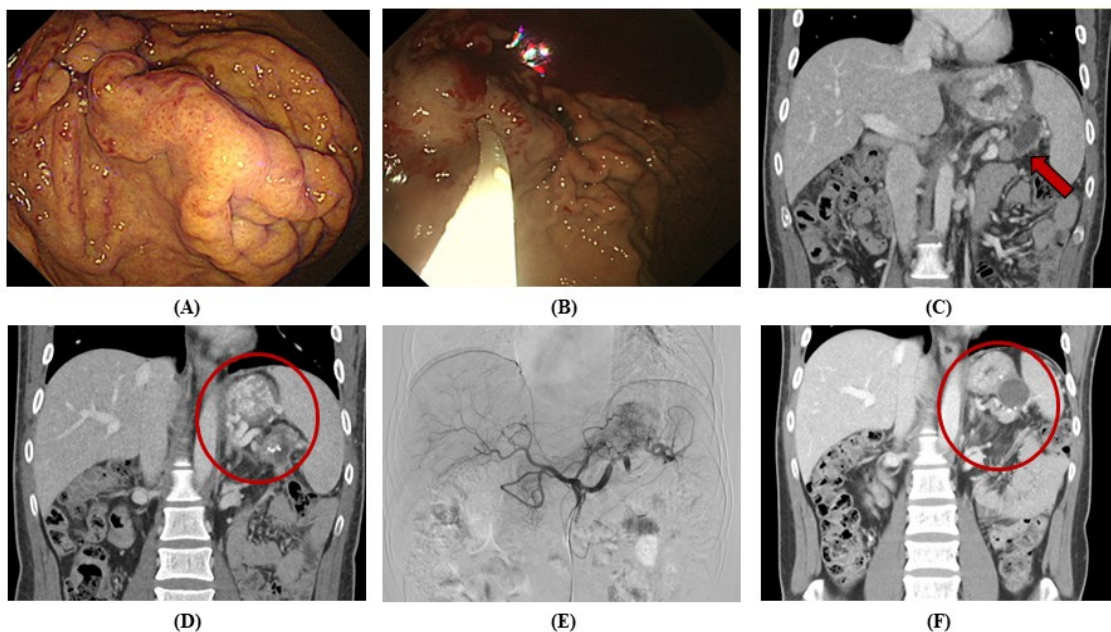
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Introduction: Splenic vein thrombosis (SVT), resulting from complicated pancreatitis, can lead to the formation of gastric varices (GV), and gastrointestinal (GI) bleeding. Although splenectomy is traditionally recommended to treat such cases, we present a case in which GV-induced GI bleeding was successfully treated by splenic artery embolization.

Case presentation: A 44-year-old man with a history of heavy alcohol consumption and recurrent episodes of pancreatitis was referred to our hospital due to GI bleeding. Esophagogastroduodenoscopy (EGD) revealed multiple, large GV with red color signs. An abdominopelvic computed tomography (CT) scan showed signs of chronic pancreatitis and nearly complete obstruction of the splenic vein. Endoscopic variceal obturation (EVO) was successfully performed. A year later, he came to the emergency department with syncope and severe anemia, with a hemoglobin level of 7.2 g/dL. Emergent EGD was performed, revealing a remnant large GV with recent bleeding stigmata. Another EVO session resulted in no further bleeding. After four months, he returned to the emergency department with syncope and worsening anemia. EGD showed multiple GV with red signs, despite previous EVO. CT scan revealed total splenic vein occlusion, causing a massive gastro-splenic shunt. We performed splenic artery embolization using Amplatzer vascular plug and cyanoacrylate to reduce inflow. No immediate complications, such as splenic abscess or GI bleeding, occurred after the procedure. A month after the procedure, a significant reduction in GV was observed in a follow-up CT scan, and he did not experience any further GI bleeding episodes.

Conclusion: GV may develop from SVT, often due to chronic pancreatitis, and frequently cause GI bleeding. Despite repeated endoscopic procedures, recurrent GI bleeding can occur due to the underlying pathophysiology of GV from SVT. Recently, splenic artery embolization has emerged as a preferable treatment option, providing an alternative to the traditionally recommended splenectomy.



- A. Multiple large gastric varices with red color signs identified in emergent esophagogastroduodenoscopy
- B. Endoscopic variceal obturation for bleeding control
- C. Splenic vein thrombosis on the abdominopelvic computed tomography (CT)
- D. Large gastro-splenic shunt
- E. Splenic arterial embolization using cyanoacrylate and vascular plug
- F. CT scan showing resolution of gastro-splenic shunt