

CIRRHOSIS

#P09 - Massive Acute Variceal bleed controlled by Transjugular Intrahepatic Porto-Systemic Shunt (TIPSS) with antegrade transvenous obliteration of gastroesophageal varices

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Background & Aims

Acute Variceal Bleeding (AVB) is a life-threatening complication of portal hypertension complicating Chronic liver disease (CLD). A 42-year-old male who was a known case of ethanol-related CLD with portal hypertension presented to the emergency with massive hematemesis and shock. After the initial resuscitation, he was taken to the endoscopy suite which revealed actively bleeding esophageal and gastric varices along the greater curvature (Sarin GOV-2). Endoscopic measures could not control the bleeding and the patient received 10 units of packed RBCs.

Methods

Given failed endoscopic measures, the patient was taken up for salvage TIPS. Using a transjugular approach, the right hepatic vein was cannulated, and portal vein was accessed using RUPS set (Cook Medical, USA). A portogram revealed multiple portal vein feeders from the left gastric vein, posterior gastric vein, and short gastric veins with a patent gastro-renal shunt. Feeder embolization was done using 12mm x 8mm vascular plug (Amplatzer® vascular plug II, Abbott Medical, USA) and cyanoacrylate glue. Subsequently 8mm x 80mm covered stent (Fluency®, C.R. Bard Inc, Germany) and a 10mm x 100mm uncovered stent (E-luminex® C.R. Bard Inc, Germany) were placed across the hepatic parenchyma.

Results

The patient was hemodynamically stable after the procedure and did not develop any further episodes of variceal bleeding during the admission.

Conclusions

Transhepatic portosystemic shunt (TIPS) is a life-saving procedure in acute variceal bleeding not controlled on endoscopy. In the presence of esophageal and gastric varices, TIPS stent along with antegrade embolization of portal vein feeders achieve adequate control of variceal bleeding. TIPS Stent with obliterated portal venous feeders.

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