## [ PICTURES IN CLINICAL MEDICINE ]

## A Rare Presentation of Intraperitoneal Ectopic Varices Rupture

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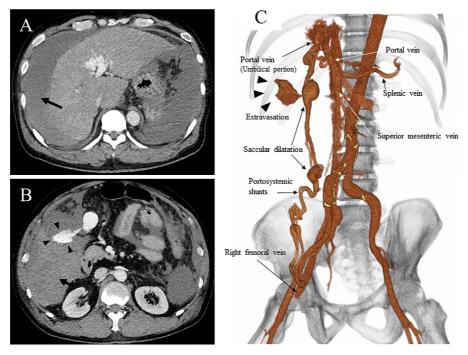


Picture 1.

A 57-year-old man was transferred due to abdominal pain. He was a heavy drinker (ethanol 190 g/day) and presented with Child-Pugh class-B. Computed tomography (CT) showed cirrhosis, esophageal varices, fluid collection with hematoma (Picture 1, arrow), and enlarged collateral veins with saccular dilatation from the umbilical portion of the portal vein to the right femoral vein. We presumed he had bleeding from acquired portosystemic collaterals with cirrhosis. His vital signs were stable, and careful monitoring of intraperitoneal fluid volume was deemed prudent. Three days after admission, he developed shock and was subsequently reimaged with CT. Based on the findings, he was diagnosed with increasing hematoma (Picture 2A, B, arrows) and intraperitoneal re-hemorrhaging from ectopic varices

(Picture 2B, C, arrowheads). We attempted to achieve hemostasis using balloon-occluded retrograde transvenous obliteration, but he had progressive hemodynamic instability, so we had to stop the procedure before the culprit vessel could be detected. He ultimately died from intraperitoneal bleeding. Intraperitoneal ectopic varices rupture is a rare and lethal complication brought on by portal hypertension. If a diagnosis of impending rupture is made, immediate interventional radiological or surgical treatment should be performed (1, 2).

The authors state that they have no Conflict of Interest (COI).



Picture 2.

## References

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