BALLOON-OCCLUDED RETROGRADE TRANSVENOUS OCCLUSION IS AN OPTION IN MANAGEMENT OF ECTOPIC VARICES IN SMALL BOWEL

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A 70-year-old male with cirrhosis, portal vein thrombosis, and small bowel varices causing melena was successfully treated with balloon-occluded retrograde transvenous obliteration (BRTO) after TIPSS was deemed unsuitable.

KEY POINTS

- Video capsule endoscopy identified small bowel varices with fresh blood after CT angiography showed multiple abdominal varices without active hemorrhage and ultrasound revealed portal vein thrombosis.
- BRTO was chosen over TIPSS because it can be performed in patients with poor hepatic reserve and hepatic encephalopathy, though it increases risk of esophageal variceal bleeding and ascites.
- The BRTO procedure involves advancing a catheter to the target varices, inflating a balloon to occlude blood flow, injecting sclerosing agent (often cyanoacrylate with lipiodol), and optionally placing coils to enhance variceal closure.
- Literature review indicates BRTO has been successfully used for gastric varices, with few reported cases treating small bowel varices.
- The case raises questions about whether BRTO is superior to TIPSS for ectopic varices and whether BRTO should be considered in ectopic varices without portal vein thrombosis.

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