gutflix
GI learning, personalised

Summary

When bleeding isn’t what it seems: A case of variceal haemorrhage in the era of rebalanced haemostasis

Benjamin Maasoumy

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Hepatobiliary

October 18, 2026

A case of chronic portal vein thrombosis complicated by portal cavernoma cholangiopathy illustrates the importance of recognizing this underestimated complication and considering portosystemic shunting in severe cases.

KEY POINTS

- The speaker presented a 35-year-old woman with post-partum portal vein thrombosis and cavernoma who developed portal hypertension without cirrhosis, initially managed with diuretics, propranolol, and anticoagulation.
- After 14 years of stability with surveillance and band ligations, the patient developed symptomatic portal cavernoma cholangiopathy presenting as cholestasis, icterus, and cholangitis.
- ERCP with sphincterotomy caused massive bleeding and bile duct-cavernoma fistulation requiring metal stent placement, highlighting the technical risks in this setting.
- A transjugular extrahepatic portosystemic shunt creating a direct cava-to-cavernoma bypass achieved immediate improvement in cholestasis and bleeding, with no further bleeding episodes at follow-up.
- The speaker stated that portal cavernoma cholangiopathy occurs in 4 to 92 percent of chronic portal vein thrombosis patients according to meta-analysis and recommends considering TIPS or portosystemic shunting in severe symptomatic cases.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/eb4b07ee-d14f-11f1-9ac3-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.