

DUODENAL VARIX BLEEDING DUE TO SUPERIOR MESENTERIC VEIN OCCLUSION IN AN ADULT PATIENT WITH CHRONIC MESENTERIC VOLVULUS AND INTESTINAL MALROTATION

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Poster

Oesophagus

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A 79-year-old woman with intestinal malrotation presented with acute bleeding from duodenal varices secondary to superior mesenteric vein occlusion and was successfully managed with endoscopic cyanoacrylate glue injection.

KEY POINTS

- Intestinal malrotation is a congenital anomaly with only 0.2–0.5% of cases reported in adolescents and adults and rarely has an asymptomatic course.
- The patient presented with melena, pallor, hemodynamic stability, reduced hematocrit (22.6%) and hemoglobin (7 g/dL), and elevated urea (137 mg/dL).
- Esophagogastroduodenoscopy within 12 hours revealed spurting isolated enlarged duodenal varices that were successfully treated with cyanoacrylate glue injection.
- CT imaging demonstrated extensive varicose veins around the pancreatic head and second duodenal portion, superior mesenteric vein occlusion, chronic mesenteric volvulus with whirlpool sign, and intestinal malrotation with high-positioned cecum and ascending colon.
- Duodenal varices account for only 17% of ectopic variceal bleeding with an estimated 40% mortality rate, and management typically requires endoscopic or radiologic intervention.

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