

PORTAL VEIN STENTING SUCCESSFULLY TREATING OBSCURE GASTROINTESTINAL BLEEDING IN A PATIENT WITH PORTAL VEIN STENOSIS DUE TO CHRONIC PANCREATITIS

Mirjana Kalauz

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Poster

Oesophagus

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A 54-year-old man with recurrent obscure gastrointestinal bleeding due to portal vein stenosis and varices was successfully treated with percutaneous transhepatic portal vein stent placement, remaining stable without bleeding for 4 months post-intervention.

KEY POINTS

- The patient had alcoholic chronic pancreatitis with portal vein stenosis causing prehepatic portal hypertension and was hospitalized repeatedly for melena and severe anemia between September and December 2022.
- Extensive diagnostic workup including 4 esophagogastroduodenoscopies, 2 colonoscopies, small bowel capsule endoscopy, and CT angiography found no apparent bleeding source, but CT revealed significant portal vein stenosis with esophageal, gastric, bile duct, and duodenal varices.
- A self-expanding nitinol stent (60 mm length, 12 mm diameter) was placed percutaneously via transhepatic approach, followed by anticoagulant therapy, with CT imaging showing disappearance of collateral blood flow after stent placement.
- The patient remained stable with no bleeding for 4 months post-procedure, with monthly clinical checks and stent patency monitoring by colour Doppler ultrasonography.
- The authors conclude that portal vein stenting can be considered as a treatment option for patients with obscure gastrointestinal bleeding when portal vein stenosis is confirmed.

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